1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06166

6177

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Fort George G. Meade

LENGTH OF STAY (In this place): 4 1/2 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Pennsylvania — COUNTY: Lycoming

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Montgomery 75 x 3

STREET ADDRESS (If rural give location): 32 W. Houston Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) EMERSON (Last) BANGHART

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	9 July 1955	yrs.			10	24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Emerson Banghart	Dawn Grace St. James

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	None	Father, William Emerson Banghart Hq. Co. 2101 ASU, Fort G.G. Meade, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 IMMEDIATE CAUSE (A) Respiratory Failure - Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs. 24 Min.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Prematurity

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 July, 19 55, to 9 July, 19 55, that I last saw the deceased alive on 9 July, 19 55, and that death occurred at 1645 M, from the causes and on the date stated above.

SIGNATURE ALFRED E. NEALE, CAPT., MC — Alfred E. Neale — M.D. — **ADDRESS** (Street, city, town, state) Fort G.G. Meade, Md. — **DATE SIGNED** 9 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12 July 1955	Post Cemetery	Fort G.G. Meade, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
11 July 1955	[illegible] SAILOR, 1ST LT MSC	Chaplain White	Fort G.G. Meade, Md.

2075221312

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06167

6173 CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glen Burnie
LENGTH OF STAY (in this place) 7 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Furnace Branch Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto. city
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V01-4
STREET ADDRESS (If rural give location) 2029 E. Lanvale St.

3. NAME OF DECEASED: (First) HERMAN (Middle) (none) (Last) BARRY
4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: Sept. 16, 1885
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Bost & Elect. Co.
11. BIRTHPLACE (State or foreign country): Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? Yes - USA
13. FATHER'S NAME: John Barry (dec.)
14. MOTHER'S MAIDEN NAME: Not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 1905-1909
16. SOCIAL SECURITY No.: 212-05-7362
17. INFORMANT & ADDRESS: Mrs Claudia Barry (wife) 309 Furnace Branch Rd

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
163X Immediate cause	(a) Terminal pneumonia	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) cancer of lung	2 yrs
	DUE TO (c) Chronic bronchitis	20 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arteriosclerosis, arthritis	20 yrs

19a. DATE OF OPERATION: 0 none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1955, to present, 19..., that I last saw the deceased alive on July 14, 1955, and that death occurred at 7:45 A.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H.F. Manuzak M.D. 901 Edgely Rd., Glen Burnie, Md. July 28, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 30, 1955
NAME OF CEMETERY OR CREMATORY Glen Haven Memorial Park
LOCATION (City, town, or county) (State) Glen Burnie, AA Co., Md.

DATE REC'D BY LOCAL REGISTRAR July 28, 1955
REGISTRAR'S SIGNATURE L. J. D'Alba
24. FUNERAL DIRECTOR ADDRESS Hopping and Kirkley, Glen Burnie, Md.

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A1SC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06168

6173

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 10 7

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 51 U. S. Naval Hospital Annapolis, Maryland

2. USUAL RESIDENCE (HOME) OF DECEDENT

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Shady Oaks

STREET ADDRESS (If rural give location): X 1

3. NAME OF DECEASED (Type or Print): (First) Baby Girl (Middle) (Last) BERWICK

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	White	Single	July 3, 1955	yrs.		2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	US

13. FATHER'S NAME: Alexander (n) BERWICK

14. MOTHER'S MAIDEN NAME: Elizabeth May Player

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		none	Father: U.S. Naval Hospital Annapolis, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5 IMMEDIATE CAUSE (A) Prematurity due to premature seppration of — INTERVAL BETWEEN ONSET AND DEATH: 761.5

ANTECEDENT CAUSE(S) DUE TO (B) Placenta

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3, 19 55, to 7-3, 19 55, that I last saw the deceased alive on 7-3 55, and that death occurred at 0125a M, from the causes and on the date stated above.

SIGNATURE E.R. PETERS LT MC USN — M.D. — ADDRESS (Street, city, town, state) U.S.Naval Hospital — DATE SIGNED 7-6-66

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/6/55	NAVAL ACADEMY	ANNAPOLIS MD.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
July 6 1955	[signature]	JOHN M TAYLOR	ANNAPOLIS MD.

20 75 32-3281

06169

MARYLAND STATE DEPARTMENT OF HEALTH

6180

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmans
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Perry Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harmans
STREET ADDRESS (If rural, give location) Perry Road

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) M. (Last) Blue
4. DATE OF DEATH: (Month) July (Day) 5 (Year) 55 19

5. SEX: F
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, (WIDOWED), DIVORCED, (Specify)
8. DATE OF BIRTH: Aug. 1, 1867
9. AGE last birthday: 87 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Cameron N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME: Bettie Nailer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Cecil Harrington - Harmans Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Infarct — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1-55, 19..., July 5, 19 55, that I last saw the deceased alive on July 3-, 19 55, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE Dr. Phillip Lipsky (Degree or title) ADDRESS 214 Odenton Md DATE SIGNED 7-7-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 8, 1955
NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 7-8-55
REGISTRAR'S SIGNATURE A.W. Hedrick Deputy
24. FUNERAL DIRECTOR Mrs Katie R Williams
ADDRESS 3224 Schroeder St

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6181

CERTIFICATE OF DEATH

06170

Long Point - R.F.D # Crownsville Md Reg. Dist. No. 21

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville, Washington D.C. 47X3
LENGTH OF STAY (In this place) D. O. A.	STREET ADDRESS (If rural give location) Long Point R.F.D. #1 200 R.I. ave. N.E.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	W.	Boardman	July	29	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	W.	Married	July 14 1888	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk War Prisoner Bureau	U.S. Gov	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	578-16-8912	Alfred F. Yates 200-R.I. Ave. N.E. Washington D.C.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
42.0.1 IMMEDIATE CAUSE (A)	Coronary Thrombosis	?
ANTECEDENT CAUSE(S) DUE TO (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
0		

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to 7/29....., 19 55., that I last saw the deceased alive on 7/29....., 19 55, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. **ADDRESS** (Street, city, town, state) Hempstead **DATE SIGNED** 7/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial Removal	7-29-55	Rock Creek Cemetery	Washington, D.C.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE
8-3-1955	[signature]	The J. H. Hines Co. 2901- 14th St. NW Washington D.C.

1

INSTRUCTIONS

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VS A15C 1-55 10M

8/12/55 Drwg. #6150

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06171

CERTIFICATE OF DEATH

Reg. Dist. No.

Item 4, Film 6184 7-27-55 et

1. PLACE OF DEATH
COUNTY A.A. — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 ANNAPOLIS
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give street address) ANNE ARUNDEL GENERAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS
STREET ADDRESS (If rural give location) 23 FRANCIS ST.

3. NAME OF DECEASED (Type or Print) (First) EFFIE (Middle) (Last) BOUNELIS

4. DATE OF DEATH (Month) July (Day) 20, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widow	Nov. 30, 1902	53 4/12 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	Own Home	TURKEY	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ANGEL KOSMIDES	ATHELA KARIDES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No (If Yes, give war or dates of service)		Angel Bounelis #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 IMMEDIATE CAUSE (A) Cachexia — INTERVAL BETWEEN ONSET AND DEATH 2 mos.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) CARCINOMA UTERUS EXTENSIVE + METASTATIC 5-6 mos
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. FECAL FISTULAE, VAGINA, ABDOMINAL WALL 2 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4/18/55	ADVANCED EPIDERMOID CARCINOMA UTERUS	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from April 19 55, to July 29 19 55, that I last saw the deceased alive on July 20 19 55, and that death occurred at 6:45 P M, from the causes and on the date stated above.

SIGNATURE Dr. Chris Ruff M.D. ADDRESS (Street, city, town, state) 69 Franklin-Annapolis DATE SIGNED 7/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/22/55	St. Margaret's	St. Margaret's Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
7/22/55	J.J. O'Donnell	John M. Taylor, Sons Annapolis, Md

6182

06172

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Crownsville
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Or Old River Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Crownsville Box 438 B X
STREET ADDRESS (If rural, give location) Old River Rd. /

3. NAME OF DECEASED: (Type or Print) (First) RAY (Middle) ELSWORTH (Last) BRICE

4. DATE OF DEATH (Month) JULY (Day) 10 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 24, 1955

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR Months 1 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Elsworth Brice

14. MOTHER'S MAIDEN NAME: Irene B. Aughinbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --- (If Yes, give war or dates of service) -- - -

16. SOCIAL SECURITY NO.: - - - - -

17. INFORMANT & ADDRESS: Mr Charles E. Brice- Father- same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

49.7

Immediate cause (a) Asperation Pneumonia — Interval Between Onset and Death: sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) Crownsville (County) Anne Arundel (State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) July 10,55 (Hour) a M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Natural Causes

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ and find that death resulted from Natural Causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Elmer G. Linhardt M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED July 10,1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF July 11,55

NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery

LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. 11-12-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

VS. A15A - 5 - 53

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I

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

6183

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06173

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 6 mos. 19 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville 15-26-i

STREET ADDRESS (If rural give location): Box 167

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Brightful

4. DATE OF DEATH: (Month) 7 (Day) 1 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Sep.	Unknown	Over 70 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Helper in Nursery	Nursery	Maryland	U. S.

13. FATHER'S NAME: William Brightful

14. MOTHER'S MAIDEN NAME: Lizzie Brightful

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	218-30-4062	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Decompensatory heart failure — Since adm. 1/12/55

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B): Arteriosclerotic cardiovascular disease — Years

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12, 19 55, to 7/1, 19 55, that I last saw the deceased alive on 7/1, 19 55, and that death occurred at 7:10a M, from the causes and on the date stated above.

SIGNATURE (L. Benedict) M.D. — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 7/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/4/55	Church Cemetery	Union Bridge Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-1-55	K. M. [illegible]	R. L. Snauder	Rockville, Md

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **36 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06174

6160

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 110 W. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis 10

STREET ADDRESS (If rural give location) 110 W. Washington St

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last) Brown

4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Col.	S.	7-8-1955	yrs.		6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Annapolis, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alvin Brown

14. MOTHER'S MAIDEN NAME Carrie M. Savoy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS Carrie M Savoy Annapolis

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7544 IMMEDIATE CAUSE (A) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 9 days

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8/ 19 55, to 7/14/ 19 55, that I last saw the deceased alive on 7/14 19 55 and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE Theodore L. Johnson M.D. ADDRESS (Street, city, town, state) 3 Gilbert St, Annapolis, Md DATE SIGNED 7/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-16-55	St. Anns	Annapolis, Md.

24. REC'D BY REGISTRAR DATE July 15 — REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE William Reese II ADDRESS Annapolis, Md

10-55-172382

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS-15C 1-55 10M

06175

6161

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY AA — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY AA

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater PO

STREET ADDRESS (If rural give location) Mayo, Md.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Margeret Rosella Bull

4. DATE OF DEATH (Month) (Day) (Year) July 25 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widow	October 19, 1865	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own Home	Shadyside, Md.	USA

13. FATHER'S NAME: John Pepham

14. MOTHER'S MAIDEN NAME: Priscilla Westerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
----	----------	----------	Mrs Harvey Cummings, Mayo, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
904.9 IMMEDIATE CAUSE (A)	Senility	2-3 mos
ANTECEDENT CAUSE(S) DUE TO (B)	Fracture hip left	4 dys
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Cardiac failure	1 dy
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Dehydration	?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-22-55	Simple intertrochanteric fracture	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County)	(State)
		Anne Arundel		Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
		Fell in home

22. I hereby certify that I attended the deceased from July 21 19 55, to July 25 19 55, that I last saw the deceased alive on July 24, 19 55 and that death occurred at 2:10 A.M. from the causes and on the date stated above.

SIGNATURE Harold A. Goldman M.D. ADDRESS (Street, city, town, state) 9 le Cathedral St DATE SIGNED July 26, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 27, 1955	Mayo Memorial Church	Mayo, Edgewater PO, Md.

24. FILED BY REGISTRAR — DATE 7-26-55 — REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS Herring Funeral Home, Annapolis, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06176

6184

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH

COUNTY [illegible] MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY [illegible]

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3V-1.4

STREET ADDRESS (If rural give location) 3908 Beach Avenue ✓

3. NAME OF [illegible] (First) [illegible] (Middle) [illegible] (Last) Burns

(Type or Print)

4. DATE OF [illegible] (Month) July (Day) 23 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	[illegible]	[illegible] 1889	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]	None	[illegible]	[illegible]

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
[illegible]	[illegible]

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes Unknown	[illegible]	[illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	IMMEDIATE CAUSE (A)	Myocardial infarction	
	ANTECEDENT CAUSE(S) DUE TO (B)	[illegible]	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐
[illegible]		

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 July, 19 55, to 23 July, 19 55, that I last saw the deceased alive on 23 July, 19 55, and that death occurred at 6:45 AM, from the causes and on the date stated above.

SIGNATURE Herbert L. Waldman Lt Cmdr M.D. ADDRESS (Street, city, town, state) DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-26-55	[illegible]	[illegible]

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
[illegible]	[illegible]	WILLIAM COOK SLIGHT INC [illegible]

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06177

CERTIFICATE OF DEATH

6185

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Severna Park

LENGTH OF STAY (In this place) 4 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Cypress Creek

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD. COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Severna Park X

STREET ADDRESS (If rural give location) Cypress Creek R R 2.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Franklin (Last) Christopher

4. DATE OF DEATH (Month) July (Day) 20 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W.		Feb. 7. 1921	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver.	Fuel oil	Penna.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert E. Christopher	Cora Foor.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	1943-45.	173-14-3191	wife Cypress Creek Rd Severna Park.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A): Respiratory Arrest due to Myocardial Infarction

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) (C)

INTERVAL BETWEEN ONSET AND DEATH: 30 min

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 July, 19 55, to 20 July, 19 55, that I last saw the deceased alive on 20 July, 19 55, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE R Holmes M.D. **ADDRESS** (Street, city, town, state) Severna Park Md **DATE SIGNED** 20 July 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 23 55	Fort Lincoln	Bladensburg Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
Jul 23, 1955	J. J. DeAlba	Dill Daughters	Glen Burnie Md

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06178

6198

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Sudley West River P.O. | LENGTH OF STAY (in this place) 46 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A. A.

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Sudley, West River P.O.

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) J. Thomas (Middle) Clyde (Last) Collinson

4. DATE OF DEATH (Month) July (Day) 14 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Married	June 13 1893	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Tobacco	Deale, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas W Collinson	Berenice Pindell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	no	—	Francis Bagby Collinson Sudley Rt 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X IMMEDIATE CAUSE (A) Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Few hours

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cachexia — one month

DUE TO (C) Adenocarcinoma of Rectum — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct 54 May 55	Carcinoma of rectum	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 55 to July 19 55 that I last saw the deceased alive on 13 July 19 55, and that death occurred at 7:15 P.M. from the causes and on the date stated above.

SIGNATURE J. D. Hendricks M.D. ADDRESS (Street, city, town, state) Shady Side, Maryland DATE SIGNED 7-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/16/55	Friendship	Friendship Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
7/16/55	Edith Wirt Williams	T. A. Hardesty & Son Owensville

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06179

6162

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 10 Annapolis

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): North Severn X 1

STREET ADDRESS (If rural give location): 34 Eucalyptus Rd.

3. NAME OF DECEASED (Type or Print): (First) Baby Boy (Middle) (Last) COX

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	Cau		7-17-55	yrs.			2	12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md	US

13. FATHER'S NAME: Roy E COX

14. MOTHER'S MAIDEN NAME: Grace Julia PATOSKEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		USNH Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X IMMEDIATE CAUSE (A) Immaturity due to Premature Labor — INTERVAL BETWEEN ONSET AND DEATH: 776

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17, 1955, to 7-17-, 1955, that I last saw the deceased alive on 7-17, 1955, and that death occurred at 3:17 PM, from the causes and on the date stated above.

SIGNATURE: J. C. HODGES LCDR MC USN — ADDRESS (Street, city, town, state): M.D. U.S. Naval Hospital, Annapolis, Md. — DATE SIGNED: 7-17-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-19-55	Naval Academy	Annapolis, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-19-55		John W. Taylor Sons	Annapolis Md.

2-75276220

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06180

6163 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 Anne Arundel Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 718 Lyndhurst St.

3. NAME OF DECEASED: (Type or Print) (First) ESTELLA (Middle) R. (Last) DASHIELL

4. DATE OF DEATH: (Month) July (Day) 21, (Year) 19 55

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed | 8. DATE OF BIRTH: Jan. 28, 1874 | 9. AGE last birthday 81 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. Bowen | 14. MOTHER'S MAIDEN NAME: Mollie Wilhelm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. no | 17. INFORMANT & ADDRESS: Mrs. Charles Eackeles-718 Lyndhurst St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSE (B) DUE TO (B) Arteriosclerotic C. V. Disease — 4 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO d

(260 X)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus — ?

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/13, 1955 to 7/21, 1955 that I last saw the deceased alive on 7/20, 1955, and that death occurred at . M, from the causes and on the date stated above.

SIGNATURE Maurice F. Klaware, M.D. ADDRESS Annapolis, Md DATE SIGNED 7/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 7/23/55 | NAME OF CEMETERY OR CREMATORY Lorraine Cem. | LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 7/22/55 | REGISTRAR'S SIGNATURE C. W. Hedrick | 24. FUNERAL DIRECTOR Wm. J. Tichenor & Sons. North & Pa. Aves | ADDRESS Balto 17 Md

6187

06181

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

Items 18-22 Filed 7-12-55

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Crownsville
STREET ADDRESS (If rural, give location) Waterbury, P.O.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) EDWARD (Last) DIGGS

4. DATE OF DEATH (Month) 7 (Day) 8 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/7/35

9. AGE last birthday: 19 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Waterbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Diggs

14. MOTHER'S MAIDEN NAME: Gertrude Pauline Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: David Diggs, (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 9369 DUE TO Traumatic injuries of abdomen — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY

21c. (City or town) (County) AA (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? No indication of any beating

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William V. Scott M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 7/8/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
THEREOF 7-10-55
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) (State) Waterbury, Md

DATE REC'D BY LOCAL REG. July 12, 1955
REGISTRAR'S SIGNATURE L. J. D'Alba

24. FUNERAL DIRECTOR: William Reese II
ADDRESS 108 W. Street Annapolis, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the items of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6188

CERTIFICATE OF DEATH

Reg. Dist. No. 06182

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Riverdale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Anne Arundel
CITY If outside corporate limits, write RURAL and give nearest town OR TOWN Riverdale X
STREET ADDRESS (If rural give location) 212 Williams Rd

3. NAME OF DECEASED: (Type or Print) (First) Magdaline (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1955

5. SEX Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH. [illegible]

9. AGE last birthday 75 Yrs. | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: [illegible] Brodt
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1
IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 mo
DUE TO
ANTECEDENT CAUSE (B) Arteriosclerotic Cardio-Vascular disease.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to July 22, 1955, that I last saw the deceased alive on July 22, 19[illegible], and that death occurred at 1:[illegible] P M, from the causes and on the date stated above.

SIGNATURE Bobby L. Jones M.D. ADDRESS [illegible] DATE SIGNED 7/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Private | DATE THEREOF July 20 1955 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION: (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REGISTRAR 7-25-55 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

06183

6189

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

CASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Burnie
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Marion (Last) Eberts, SR.

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1955

5. SEX: W.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/24/91

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress - at Restaurant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Eberts

14. MOTHER'S MAIDEN NAME: Catherine Schaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 216-09-0657

17. INFORMANT AND ADDRESS: Mrs Sylvia Eberts (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — Hours

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Lawrence H. Parker M.D. (Degree or title) Fidelity ADDRESS: Medical Examiner, Glen Burnie, Md. DATE SIGNED: 7/4/55

BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: July 7, 1955 — NAME OF CEMETERY OR CREMATORY: Glen Haven Memorial Park — LOCATION (City, town, or county) (State): Glen Burnie, Md.

DATE REC'D BY LOCAL REG.: July 6, 1955. — REGISTRAR'S SIGNATURE: L. J. D'Alba.

24. FUNERAL DIRECTOR — ADDRESS: Hopping and Kirkley, Glen Burnie, Md.

06184

MARYLAND STATE DEPARTMENT OF HEALTH

6190

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Green Haven, Pasadena
LENGTH OF STAY (In this place): 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Stoney Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 342 S. Calhoun St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) F. (Last) Eichner

4. DATE OF DEATH: (Month) July (Day) 23rd. (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 6/3/19

9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mason

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ? Balto Md.

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Matthew Eichner

14. MOTHER'S MAIDEN NAME: ? Louise Phalzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Navy (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Harriett and Peggy Eichner (daughters)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Accidental Drowning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Stoney Creek

(CITY OR TOWN): Green Haven (COUNTY): A.A. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/23/55 5 P. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustave H. Brukhardt (Degree or title): Deputy Medical Examiner ADDRESS: Glen Burnie, Md. DATE SIGNED: 7/24/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: 7/29/55 NAME OF CEMETERY OR CREMATORY: W. S. National LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Robt. C. & B. M. Walters ADDRESS: Pratt & Stricker St. Balto Md

VS. A15A

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A10-1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06185

CERTIFICATE OF DEATH

6164

Reg. Dist. No. 41

1. PLACE OF DEATH

COUNTY A A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MD — COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ANNAPOLIS

STREET ADDRESS (If rural give location) 105 CONDUIT St — 10 / 1

3. NAME OF DECEASED (Type or Print) — (First) JOHN — (Middle) C. — (Last) FLOOD

4. DATE OF DEATH (Month) 7 — (Day) 8 — (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	MARRIED	6-12-1891	64 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CLERK	U.S.N.A.	ANNAPOLIS MD	U.S.A.

13. FATHER'S NAME: JOHN B. FLOOD

14. MOTHER'S MAIDEN NAME: Rebecca Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: LILLIAN MYERS FLOOD (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Coronary Thrombosis — 1 month

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. **I Hereby certify** that I attended the deceased from July 1, 1955, to July 8, 1955, that I last saw the deceased alive on July 7, 1955, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

SIGNATURE Peter R. Martin M.D. — ADDRESS (Street, city, town, state) Annapolis, Md. — DATE SIGNED 7-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-10-55		Annapolis Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
July 11, 1955	[signature]	John M Taylor Sons	Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06186

6192 CERTIFICATE OF DEATH

Reg. Dist. No. 28

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH
COUNTY Bal. Windall — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY A. A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Galesville
STREET ADDRESS (If rural give location) Galesville

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) E. (Last) Foote

4. DATE OF DEATH (Month) 7 (Day) 2 (Year) 1955

5. SEX F **6.** COLOR OR RACE Negro **7.** SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow **8.** DATE OF BIRTH NOV. 9 1893 **9.** AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OYSTER SHUCKER **10b.** KIND OF BUSINESS OR INDUSTRY N.S.O. **11.** BIRTHPLACE (State or foreign country) Md. **12.** CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME GEORGE CLARKSON **14.** MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) **16.** SOCIAL SECURITY NO. 213 05 0091 **17.** INFORMANT & ADDRESS Crownsville St. Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
(a) IMMEDIATE CAUSE Ca of Lungs — INTERVAL BETWEEN ONSET AND DEATH 7 days
ANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO
(b)
(c)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis

19a. DATE OF OPERATION **19b.** MAJOR FINDINGS OF OPERATION **20.** AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) **21b.** PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) **21c.** WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. **21e.** INJURY OCCURRED While at work ☐ Not while at work ☐ **21f.** HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4 19 54 to July 2 19 55, that I last saw the deceased alive on July 27 19 55, and that death occurred at 7:35 P.M. from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS (Street, city, town, state) Crownsville State Hosp. DATE SIGNED 7-5-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 7/13/55 — NAME OF CEMETERY OR CREMATORY CHEWS — LOCATION (City, town, or county) (State) Owensville Md.

24. REC'D BY REGISTRAR DATE 7-12-55 — REGISTRAR'S SIGNATURE [signature] — **25.** FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Harding Funeral Home Galesville

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06187

8192

CERTIFICATE OF DEATH

Item 1, Fil. 6184 3-1-55 et

Reg. Dist. No. 24

1. PLACE OF DEATH
COUNTY Anne ARUNDEL — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GLEN BURNIE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PLATA MANOR CONVALESCENT HOME Route 2 Box 376 A

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 904 BREVARD St

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) GAINES

4. DATE OF DEATH (Month) July (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	SINGLE	March 19, 1884	70 71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Moses J. Gaines Sr.
14. MOTHER'S MAIDEN NAME Mary A. Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS Leo Gaines

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
49 IX IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE(S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic heart disease Hemiplegia, left

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED White at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2 19 55 to 7/21 19 55, that I last saw the deceased alive on July 19 19 55, and that death occurred at 1245 P.M. from the causes and on the date stated above.

SIGNATURE Joseph A. [illegible] M.D.
ADDRESS (Street, city, town, state) 102 Baltimore Annap. Blvd. Glen Burnie, Md.
DATE SIGNED 7/21/1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or county) (State)
BURIAL	7/25/55	New Cathedral	Baltimore MD

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
July 26, 1955	Louis J. [illegible]	Charles F. Evans & Son	114 W. Mt. Royal Ave

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6193 06188

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH
COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EDGEWATER
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Georgie (Middle) [redacted] (Last) GARTON

4. DATE OF DEATH (Month) 7 (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W		MAR 25 1890	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	DOMESTIC	VIRGINIA	U.S.A.

13. FATHER'S NAME: WILLIAM SHIPP
14. MOTHER'S MAIDEN NAME: SALLY RAYNOR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: ERNIE LEE GARTON (S)

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
X IMMEDIATE CAUSE (A)	Gastrointestinal hemorrhage	3 days
ANTECEDENT CAUSE(S) DUE TO (B)	Gastric ulcer	15 days.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Diabetes mellitis	5 years ??
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	1. Arteriosclerosis 2. Old cerebrovascular accident 3. Congestive cardiac failure	1 year 1 month

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 19 54, to 2 July 19 55, that I last saw the deceased alive on 2 July 19 55, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE: Franklin D Hendrick M.D. ADDRESS (Street, city, town, state): Grady Side, Maryland DATE SIGNED: 4 July 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7-5-55	Church Cem.	Madison Co. Va

24. REC'D BY REGISTRAR DATE 7/9/55
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: FREDDY FUNERAL HOME ORANGE Va.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

20421
Items 18, Film G185 8-12-55 ams

6194

06189

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (In this place): 15 yrs, 9mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Harford

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): BelAir

STREET ADDRESS (If rural give location): None listed

3. NAME OF DECEASED (Type or Print): (First) Clark (Middle) (Last) Green, Jr.

4. DATE OF DEATH (Month) 7 (Day) 16 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Negro	Single	November, 1933	21 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	- - - -	Pennsylvania	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bertha Green	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No.	No	None	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

351X IMMEDIATE CAUSE (A) DUE TO: Exhaustion due to extensive burns (3rd degree) — INTERVAL BETWEEN ONSET AND DEATH: 5/1/55

ANTECEDENT CAUSE(S) (B) DUE TO: Idiocy with spastic tetraplegia — Congenital

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 317.7 (C) DUE TO:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Exhaustion due to extensive burns (3rd degree) — 5/1/55

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
- - - - - -	- - - - - - - - - - - -	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County)	(State)
	- - - - - - - -	Shower Room	Bathing for Mentally	Deficient

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
5/1/55					Scalded in Shower

22. I hereby certify that I attended the deceased from 1/5, 19 55, to 7/16/55, 19 .., that I last saw the deceased alive on 7/16, 19 55, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE: Hildegard Hearl Reinmann — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 7/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	7/20/55	University Medical School	Baltimore	Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-20-55	K. M. Joyce Dep. Reg.	Frances A. Hemsley	578 W. Biddle St.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06190

6165 # CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 10 Annapolis

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 129 Spa View Ave

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Annapolis

STREET ADDRESS (If rural give location): 129 Spa View Ave

3. NAME OF DECEASED (Type or Print): (First) CHARLOTTE (Middle) R. (Last) HARBOLD

4. DATE OF DEATH (Month) (Day) (Year): July 6, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Female	White	Married	May 19, 1911	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School teacher	Jr. High	Annapolis, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Roscoe C. Rowe	Regina C. Dammeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT & ADDRESS
No	No	?	Mr. Robert P. Harbold Jr.-Husband same as #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1:10 X IMMEDIATE CAUSE (A) METASTATIC CARCINOMA, TO BRAIN — INTERVAL BETWEEN ONSET AND DEATH: 6-7 MOS

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) CARCINOMA OF BREAST — 5 YRS

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1955, to 7/6, 1955, that I last saw the deceased alive on 7/6, 1955, and that death occurred at 3:10 A M, from the causes and on the date stated above.

SIGNATURE	M.D.	ADDRESS (Street, city, town, state)	DATE SIGNED
Edward L Beck		4 Southgate Ave Annapolis	7/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 8, 1955	Cedar Bluff Cemetery	Annapolis, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
July 7, 1955	[signature]	HOPPING FUNERAL HOME	ANNAPOLIS, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6195

CERTIFICATE OF DEATH

06191

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY a a — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudley

LENGTH OF STAY (In this place) 20 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY a a

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sudley

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) — (First) Paul — (Middle) Oliver — (Last) Hardesty

4. DATE OF DEATH (Month) July (Day) 18 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	Wh	Married	Feb 22 1890	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Tobacco

11. BIRTHPLACE (State or foreign country) Sudley Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Oliver Hardesty

14. MOTHER'S MAIDEN NAME Martha B Crandall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Civil

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Lizzie Hardesty Sudley R.F.D. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

159X IMMEDIATE CAUSE (A) Carcinoma head of pancreas — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION 6/10/55

19b. MAJOR FINDINGS OF OPERATION malignant Carcinoma pancreas

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 19 55, to July 17, 19 55, that I last saw the deceased alive on July 15, 19 55, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE Emily H. Wilson M.D. — ADDRESS (Street, city, town, state) Lothian, Md. — DATE SIGNED 7/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/21/55	Dunkirk	Huntingtown Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-25-55	[signature]	Bernard Hardesty	Huntingtown Md

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6196

CERTIFICATE OF DEATH

06192

Reg. Dist. No.....

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Glen Burnie

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie X

STREET ADDRESS (If rural give location) 2815 Presstman Street 1

3. NAME OF DECEASED (Type or Print) (First) CLARA (Middle) (Last) HARDY

4. DATE OF DEATH (Month) July (Day) 26 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	C	Widow	Feb-14th.-1881	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Baltimore	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Solman Travers	Mary Wheller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Roland Hardy 531 W. Hoffman St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 IMMEDIATE CAUSE (A)

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Hypertensive Cardiovascular

DUE TO (C) disease

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..., to ..... 19....., that I last saw the deceased alive on ..... 19....., and that death occurred at 9:15 M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS (Street, city, town, state) 10[illegible] N. Glen Burnie, Md. DATE SIGNED 7/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, or county) (State)
Burial	7/30/55	Mt. Auburn Cem.	Baltimore Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
July 26 1955	Louis J. DeAlba	Elroy O. Wilson 1000 Brantley Ave.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06193

6197

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY AA — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville Md

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore — 3 Y O 1-4

STREET ADDRESS (If rural give location) 1316 W Mosher Street

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) (Last) Haskins

4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 55

5. SEX	6. COLOR OR RACE	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	Colored		5-1-93	62 yrs.		

7. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) D C — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ? — 14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT'S ADDRESS 1316 W. Mosher St Baltimore

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

782.4 IMMEDIATE CAUSE (A) Heart failure — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-14 19 55, to 7-15-55 19——, that I last saw the deceased alive on 7-11 19 55, and that death occurred at 6:35 PM, from the causes and on the date stated above.

SIGNATURE N B P Kim M.D. — ADDRESS (Street, city, town, state) — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-19-55	Mt Auburn	md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7/18/55	A. W. Hedrick	George D. Wilson	1348 N. Calhoun St

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6193

CERTIFICATE OF DEATH

06194

Reg. Dist. No. 7

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 1yr. 8mos. 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City 21201

STREET ADDRESS (If rural give location): 3316 Hawkins Point Road

3. NAME OF DECEASED (Type or Print): (First) Annabelle (Middle) (Last) Hearn

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Negro	Widowed	Unknown	72? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unk.	Maryland	U. S.

13. FATHER'S NAME: John Parker

14. MOTHER'S MAIDEN NAME: Georgia Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X IMMEDIATE CAUSE (A) Hypertensive Cardiovascular Disease

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

(2350)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CNS Syphilis - Psychosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— M.		—

22. I hereby certify that I attended the deceased from 1/5, 1955, to 7/7, 1955, that I last saw the deceased alive on 7/7, 1955, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE: Hildegard Heard Kroon M.D.

ADDRESS (Street, city, town, state): Crownsville, Md.

DATE SIGNED: 7/8/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/11/55	Mt. Calvary Cemetery	A. A. Co., Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 7	Katherine Joyce	Robert F. Wilson	1701 N. Bond St

MARYLAND STATE DEPARTMENT OF HEALTH

06195

6199

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carvel Beach | LENGTH OF STAY (In this place) 11 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 422 Carvel Beach Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location) Same

3. NAME OF DECEASED (Type or Print): (First) Christian (Middle) F. (Last) Heberlein

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 1/1/82

9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silver Polisher Ret. Stieff Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Karl Heberlein

14. MOTHER'S MAIDEN NAME: Gertrude

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 215-01-7075

17. INFORMANT: Mrs. Carlton Treff (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Deputy Medical Examiner | ADDRESS Glen Burnie, Md. | DATE SIGNED 7/22/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 7/26/55 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 7-27 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR: Leonard J. Ruck | ADDRESS: 5305 Harford Road #14

MARYLAND STATE DEPARTMENT OF HEALTH

06196

6300

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Severn
LENGTH OF STAY (In this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: S[redacted]; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same X
STREET ADDRESS: Same (If rural, give location) /

3. NAME OF DECEASED (Type or Print): (First) Charles Edwin (Middle) Hickerson (Last)

4. DATE OF DEATH: (Month) (Day) (Year): July 21st. 1955

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10/11/86

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired PBX operator at the

10b. KIND OF BUSINESS OR INDUSTRY: District Training School.

11. BIRTHPLACE (State or foreign country): Brooklyn, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Hickerson

14. MOTHER'S MAIDEN NAME: ? UNKNOWN -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Anna H. Hickerson, (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustav H Baumdrill (Degree or title): Deputy Medical Examiner. ADDRESS: Glen Burnie, Md. DATE SIGNED: 7/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 23, 1955
NAME OF CEMETERY OR CREMATORY: White Marsh Ch. Cemetery
LOCATION (City, town, or county) (State): Laurel Md County Va

DATE REC'D BY LOCAL REG.: May 23 1956
REGISTRAR'S SIGNATURE: L J De Alba

24. FUNERAL DIRECTOR: W Pinglton
ADDRESS: Glen Burnie Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06197

62 1 CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH:
COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (In this place) 1 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE GLEN BURNIE COUNTY AA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural give location) 104 A St. S.W. 1

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) G (Last) HILL

4. DATE OF DEATH: (Month) JULY (Day) 4 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: AUG 14 1876

9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): JUDGE

10b. KIND OF BUSINESS OR INDUSTRY: ORPHANS COURT

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Clorius Hill

14. MOTHER'S MAIDEN NAME: Helen Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Rev Chas Hill, Glen Burnie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart Failure — Interval Between Onset And Death: 10 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral vascular accident
DUE TO (c) Cerebral arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1954 to date, 19..., that I last saw the deceased alive on July 2, 1955 and that death occurred at Res 7/4/55 6 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. L. Chs M.D. ADDRESS 51 Southgate Ave DATE SIGNED 5 July 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 6 1955

NAME OF CEMETERY OR ~~CREMATORY~~ St Pauls Episcopal Church

LOCATION (City, town, or county) (State) Crownsville, Maryland

DATE REC'D BY LOCAL REGISTRAR July 5, 1955

REGISTRAR'S SIGNATURE Wm. French

24. FUNERAL DIRECTOR ADDRESS C.R.V. Singleton - Glen Burnie, Md.

L. J. D'Alba.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06198

6166

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A. A. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 A.G. General

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

STREET ADDRESS (If rural give location) 147 King George

3. NAME OF DECEASED (Type or Print) — (First) Charles — (Middle) D. — (Last) Hyde

4. DATE OF DEATH — (Month) 7 — (Day) 5 — (Year) 1955

5. SEX male

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12-24-1889

9. AGE last birthday 65 yrs.

IF UNDER 1 YEAR — Months — Days

IF UNDER 24 HRS. — Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber Yet

10b. KIND OF BUSINESS OR INDUSTRY Plumber

11. BIRTHPLACE (State or foreign country) Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles D. Hyde

14. MOTHER'S MAIDEN NAME Ida Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) yes — If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. —

17. INFORMANT'S ADDRESS Bertha V. Hyde (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1(a) X IMMEDIATE CAUSE (A) Cancer of the throat & jaw with

ANTECEDENT CAUSE(S) DUE TO (B) Probably pulmonary

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) complications just preceding

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. death

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED White at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24 ..., 19 65 ..., to 7-5 ..., 19 55 ..., that I last saw the deceased alive on ..., 19 ..., and that death occurred at ...M, from the causes and on the date stated above.

SIGNATURE Harold R. Bahemann M.D.

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/7/55	Arlington Natl	Arlington Va.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE July 7, 1955	[signature]	John M. Taylor	Annapolis Md.

06199

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6292

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Pasadena
LENGTH OF STAY (in this place): 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Magothy River off Beechwood Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3 c 1 - 4
STREET ADDRESS (If rural, give location): 1310 E. Chase St.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) (Last) Jacobs

4. DATE OF DEATH: (Month) July (Day) 15th, (Year) 1955

5. SEX: F.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Separated

8. DATE OF BIRTH: 2/15/11

9. AGE last birthday: 44 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Trogdon

14. MOTHER'S MAIDEN NAME: Ella Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Cordelia Tull (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

929.7

Immediate cause (a) Accidental Drowning — Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING: PLACE (Home, farm, factory, street, other public place) OF INJURY: Magothy River (CITY OR TOWN): Beechwood Beach (COUNTY): A.A. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/15/55 10.30p.m.

INJURY OCCURRED While at Work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Drowning

22 *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐ homicide ☐, undetermined ☐.*

SIGNATURE: Gustave A Rambusch — (Degree or title) ADDRESS: Deputy Medical Examiner Glen Burnie Md. — DATE SIGNED: 7/16/55

BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 7-19-55 — NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem — LOCATION (City, town, or county): A.A. Co — (State): Md

DATE FILED BY LOCAL REGISTRAR: 7/18/55 — REGISTRAR'S SIGNATURE: C.W. Hedrick Jr

24. FUNERAL DIRECTOR — ADDRESS: Rayner Sanders 217 E. Preston St

6213

06200

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Annapolis
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sparrows Beach OR

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 47X
STREET ADDRESS (If rural, give location) 1610 Calvert St.

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) Thompson (Last) Jennings
4. DATE OF DEATH (Month) July (Day) 31 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.
8. DATE OF BIRTH: 2-23-1934
9. AGE last birthday: 21 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Press Operator
10b. KIND OF BUSINESS OR INDUSTRY: Annual Resources
11. BIRTHPLACE (State or foreign country): Shelby, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Everett Jennings
14. MOTHER'S MAIDEN NAME: Cadie Ha Connouthers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Everett Jennings 65 Randolph Pl. N.W. Wash D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
929.8 Immediate cause	(a)	Drowning	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Beach
21c. (City or town) Arco (County) (State) Md.
21d. TIME (Month) OF INJURY 7 (Day) 31 (Year) 55 (Hour) 11 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR? While at Sparrows Beach

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature]
CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.
M. D.
DATE SIGNED 7-31-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 8-5-55
NAME OF CEMETERY OR CREMATORY Lincoln Memorial
LOCATION (City, town, or county) Prince Geo. Co. (State) Maryland
DATE REC'D BY LOCAL REG. Aug. 1, 1955
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Frazier Funeral Home
ADDRESS Washington D.C. 389 R.I. Ave. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06201

6204

CERTIFICATE OF DEATH

Reg. Dist. No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Glen Burnie
LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Plaza Manor Nursing Home box 376-A, Rt 2, Glen Burnie

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 V 21-4
STREET ADDRESS (If rural give location) 1371 N. Stricker

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) (M) (Last) JOHNSON

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: 4 July 1882

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St. Mary's County, Md.

12. CITIZEN OF WHAT COUNTRY? Yes - USA

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: Liza Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs Jennie Hawkins (granddaughter) 800 W. Lanvale St, Balto.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
331X Immediate cause	(a) Cerebral Vascular Accident	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Hypertension	10 yrs
DUE TO	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General arteriosclerosis — 10 yrs

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 ....., to ..... , 19 ..., that I last saw the deceased alive on ....., 19 ....., and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.F. Manyak M.D.	901 Edgerly Rd. Glen Burnie, Md.	5 July 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-8-55	Mt. Auburn	Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-5-55	[illegible]	Thomas E. Nelson Jr.	1303 Russelman St.

NOTE: This patient has been under the care of Dr. Jos. Tabb of Glen Burnie at this nursing home & I was called to pronounce her dead when he was not available.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 062202

6205

CERTIFICATE OF DEATH

Reg. Dist. No. 28

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (In this place): 2 yrs. 2 mos. 23 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City

STREET ADDRESS (If rural give location): 1051 Argyle Avenue

3. NAME OF DECEASED (Type or Print): Mary (First) Bell (Middle) Johnson (Last)

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
FE MALE	Negro	Widow	Unknown	78? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	— — —	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Yeager	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B): Senile Atrophy of the brain — Known to us since 4/23/52

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Chronic Purulent Cholecystitis — Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — — —	— — — — — — — — —	YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — —	— — — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — — — M.		— — — — — — — — — — — —

22. I hereby certify that I attended the deceased from 1/5 ..... 19 55 .., to 7/16 ..... 19 55., that I last saw the deceased alive on 7/16 19 55, and that death occurred at 9.45 P.M., from the causes and on the date stated above

SIGNATURE AND M.D.: Hildegard Heard Reissman — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 7/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7-20-55	MT. AUBURN	BALTO; md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
July 20, 1955	Katherine M. Joyce	Joseph S. Locke, Jr.	1304 N. Central Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06203

6206

CERTIFICATE OF DEATH

Reg. Dist. No. 28

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Crownsville

LENGTH OF STAY (in this place): 1mo. 23 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1[illegible] Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City 3V01 4.

STREET ADDRESS (If rural give location): 1638 Miller Street

3. NAME OF DECEASED (Type or Print): Mary (First) Wyatt (Middle) Jones (Last)

4. DATE OF DEATH: (Month) 7 (Day) 9 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
Female	Negro	Married	7 4 8[illegible]	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Wyatt	Rebecca Wyatt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Hypertensive and Arteriosclerotic Heart Disease

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
[illegible]		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/18 ....., 1955 ....., to 7/9 ....., 1955 ....., that I last saw the deceased alive on 7/9 ....., 1955 ....., and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE: John D. Hamilton M.D. — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 7/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/13/55	Asbury Memorial Pk	Balto., Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 7-12-55	A.W.Hedrich	Randolph L. Clark	1412 E. Preston

dur.

MARYLAND STATE DEPARTMENT OF HEALTH

06204

6207

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park; LENGTH OF STAY (In this place): 5 y.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 422-Y-Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Same; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same; STREET ADDRESS (If rural, give location): Same.

3. NAME OF DECEASED (Type or Print): (First) John Edward (Middle) Karczewski (Last)

4. DATE OF DEATH: (Month) July (Day) 24th (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 11/11/98

9. AGE last birthday: 56 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life): Baker in American Stores

10b. KIND OF BUSINESS OR INDUSTRY: Warehouse.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Francis Karczewski

14. MOTHER'S MAIDEN NAME: Dorothy Marus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes World War # 1

16. SOCIAL SECURITY No.: 219-03-2361

17. INFORMANT: Mrs. Grace Karczewski (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): 420.1 Coronary Occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustave K Reinbothe. (Degree or title): Deputy Medical Examiner ADDRESS: Glen Burnie, Md DATE SIGNED: 7/24/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: July 27. 1955 NAME OF CEMETERY OR CREMATORY: Baltimore National LOCATION (City, town, or county): Balto. (State): Md

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John F. Teufel ADDRESS: 5311 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06205

6167 CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: Annapolis
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) 10 Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Colton's Nursing Home Annapolis, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md
STREET ADDRESS (If rural give location) 17 Cathedral

3. NAME OF DECEASED: (Type or Print) (First) Flora (Middle) Maude (Last) Kashner

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: MAY 13, 1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): SALESWOMAN

10b. KIND OF BUSINESS OR INDUSTRY: MILLINER

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FERDINAND FEESLER

14. MOTHER'S MAIDEN NAME: MATILDA FEESLER HEISE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: BUSINESS PARTNER MRS A. GASKIN #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) INTESTINAL CARCINOMA DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 yrs.

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1955, to July, 1955, that I last saw the deceased alive on July 20, 1955, and that death occurred at 8:07 PM, from the causes and on the date stated above.

SIGNATURE John R. Hedrick (Degree or title) M. D. ADDRESS 90 Cathedral St. DATE SIGNED 7/28/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF NAME OF CEMETERY OR CREMATORY St. Anne's LOCATION (City, town, or county) Annapolis (State) MD.

DATE REC'D BY LOCAL REGISTRAR July 28, 1955 SIGNATURE

24. FUNERAL DIRECTOR John M. Taylor & Sons ADDRESS Annapolis, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6208 **CERTIFICATE OF DEATH** 06206

Reg. Dist. No. 27

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort George G. Meade

LENGTH OF STAY (in this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY [illegible]

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie

STREET ADDRESS (If rural give location) 122 Hillcrest [illegible] X

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) THOMAS (Last) KELSO

4. DATE OF DEATH (Month) July (Day) 10 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	6 July 1955	yrs.		1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Robert Kelso

14. MOTHER'S MAIDEN NAME Evelyn Jansen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) [illegible] (If Yes, give war or dates of service) [illegible]

16. SOCIAL SECURITY NO. [illegible]

17. INFORMANT & ADDRESS [illegible], Glen Burnie, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

763.5 IMMEDIATE CAUSE (A) Aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) prematurity

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While ☐ work Not while ☐ at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 July, 1955, to 10 July, 1955, that I last saw the deceased alive on 10 July, 1955, and that death occurred at 6:25 M, from the causes and on the date stated above.

SIGNATURE Alfred E. Neale, M.D., U.S.P.H.S., M.C. ADDRESS (Street, city, town, state) Fort George G. Meade, Md. DATE SIGNED 11 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12 July 1955	Fort Cemetery	Fort G. G. Meade, Md.

24. REC'D BY REGISTRAR DATE 13 JUL 55 REGISTRAR'S SIGNATURE [signature]

25. FUNERAL DIRECTOR'S SIGNATURE Charles Tilo ADDRESS Fort G. G. Meade, Md.

20752 1291

1

INSTRUCTIONS:

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

062207

6269

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 13 yrs. 10 mos. 23 das.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

STREET ADDRESS (If rural give location) 1606 McCulloh Street

3. NAME OF DECEASED (Type or Print) — (First) Ada — (Middle) — (Last) Lane

4. DATE OF DEATH (Month) July (Day) 26 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	Negro	Separated	Unknown	71? yrs	— / —	— / —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laundress	Unknown	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Barton	Rebecca Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Bronchopneumonia - Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) AHCVD — Known to us 9/3/41
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Psychosis — Known to us since 9/3/41

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
———	———	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	———	———

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
———		———

22. I hereby certify that I attended the deceased from 1/31/48, 19....., to 7/26, 19 55, that I last saw the deceased alive on 7/25, 19 55, and that death occurred at 1:20PM, from the causes and on the date stated above.

SIGNATURE [signature] M.D. — **ADDRESS** (Street, city, town, state) Crownsville, Md. — **DATE SIGNED** 7/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7-29-55	Mt. Calvary CEM.	ANNE A. COUNTY Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
July 27, 1955	Katherine M. Joyce	Mrs. Robt. A. Elliott & Daughter

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 Hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06208

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (in this place): 1 yr. 8mos. 21 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City

STREET ADDRESS (If rural give location): 562 Gold Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Spicer		Laws	7	11	19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Male	Negro	Married	~~Unknown~~ 12/24/88	66 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331/X IMMEDIATE CAUSE (A) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260X)

DUE TO (B) Cerebral arteriosclerosis — Known to us since 10/20/53

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Diabetes mellitus - Psychosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
X		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1/5, 19 55, to 7/11, 19 55, that I last saw the deceased alive on 7/9, 19 55, and that death occurred at 2:00a M, from the causes and on the date stated above.

SIGNATURE: Hildegard Heard Reinsmann M.D. — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 7/11/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7/14/55	Mt. Auburn	Baltimore Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-13-55	H. M. Joyce	William E. Kelson Jr.	1305 Presstman St

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (16209)

6211

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 8½ hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Gaithersburg 15 X - 2

STREET ADDRESS (If rural give location): Rte. #3

3. NAME OF DECEASED (Type or Print): (First) Freeman (Middle) O. (Last) Lee

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Male	Negro	Unknown	6-27-25 Unknown	30 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Unknown	Unk.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William O Lee Unknown	Helen Edmonia Swink Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk. Unk 2nd Wrld War	Unk.	add. chg. for Helen E. Lee Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1. IMMEDIATE CAUSE (A): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Admitted 7/5/55

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) — DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — — —	— — — — — — — — — — — — — —	YES ☒ NO ☐

21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — — — — — —	— — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — — —		— — — — — — — — — —

22. I hereby certify that I attended the deceased from 7/5/ ..., 19 55, to 7/6, 19 55, that I last saw the deceased alive on 7/6, 19 55, and that death occurred at 12:15 A.M. from the causes and on the date stated above.

SIGNATURE L. Benedict M.D. — **ADDRESS** (Street, city, town, state) Crownsville, Md. — **DATE SIGNED** 7/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-7-55	Mt Ephraim	Rockville, Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7 7 55	K M [illegible]	Robert L Snowden	Rockville Md

06210

MARYLAND

STATE DEPARTMETT OF HEALTH

6?12 CERTIFICATE OF DEATH

Reg. Dist. No. 2 3

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town OR TOWN Severna Park. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Anne Arundel.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Severna Park MD.
STREET ADDRESS (If rural, give location) Cypress Creek Rd.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) Agnes, (Last) Little.

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1955.

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, ~~WIDOWED~~ DIVORCED, (Specify)

8. DATE OF BIRTH: Nov 27, 1904 | 9. AGE last birthday: 50 yrs. | If Under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife. | 10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): BALTO. MD. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Jesse (Conway.)

14. MOTHER'S MAIDEN NAME: Miss Violet Miller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sons. Wm. D. Little. 1402 Woodbourne Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction. — Interval Between Onset and Death: 30 min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis -

(c) Hypertensive C.V. Disease 1½ yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

Never saw Alive.

22. I hereby certify that I attended the deceased from ..., 19.., to ..., 19....., that I last saw the deceased alive on ..., 19.., and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert R. Hahn ADDRESS Severna Park Md DATE SIGNED 26 July 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 29/55 | NAME OF CEMETERY OR CREMATORY: Holy Cedcher | LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Ullrich Funeral Home | ADDRESS: 4210 Belair Road

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6213

CERTIFICATE OF DEATH

06211

Reg. Dist. No.....

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 3yrs.6mos.17das.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY Worcester

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berlin

STREET ADDRESS (If rural give location) √

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) (Last) Lockwood

4. DATE OF DEATH (Month) July (Day) 27 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Negro	Single	Unknown	43? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	-----	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Lockwood	Clara Purnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X IMMEDIATE CAUSE (A) CVA — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Cerebral Thrombosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mental Deficiency (Moron)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
———	———	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	———	———

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
——— M.		———

22. I hereby certify that I attended the deceased from 1/5, 19 55, to July 27, 19 55, that I last saw the deceased alive on 7/27, 19 55, and that death occurred at 10:50 P.M. from the causes and on the date stated above.

SIGNATURE H. Edgard Heard Kerrman M.D. ADDRESS (Street, city, town, state) Crownsville, Md. DATE SIGNED 7/28/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/30/55	CEDAR CHAPEL	NEWARK MD

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Aug. 1, 1955	L. M. Joyce	William Reca	108 W. Wash. St Annapolis, Md.

06212

MARYLAND STATE DEPARTMENT OF HEALTH

6212

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING — Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

US. ARMY

1. PLACE OF DEATH: COUNTY: Anne Arunel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X P.O.Glen Burnie; LENGTH OF STAY (In this place): 10 y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Nabbs Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Same; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Same X
STREET ADDRESS (If rural, give location): Same

3. NAME OF DECEASED (Type or Print): (First) James Edward (Middle) Lucas (Last)

4. DATE OF DEATH: (Month) July (Day) 3rd. (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/9/1902

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Centreville,Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William N Lucas

14. MOTHER'S MAIDEN NAME: Etta Frampton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 215-07-778

17. INFORMANT AND ADDRESS: Mrs. Anna Lucas, (M[illegible])

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9 2 1. 2

Immediate cause (a) Accidental Drowning — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Nabbs Creek (CITY OR TOWN): P.O.Glen Burnie MD. (COUNTY): A.A. (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/3/55 3.20 P.M. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ,, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ,, accident X, suicide ,, homicide ,, undetermined .*

SIGNATURE: Gustave H Brackenbill (Degree or title): Deputy Medical Examiner ADDRESS: Glen Burnie, Md. DATE SIGNED: 7/3/55

REAL CREMATION REMOVAL (Specify): Burial DATE THEREOF: 7/6/1955 NAME OF CEMETERY OR CREMATORY: Holy Cross LOCATION (City, town, or county): A.A. Co. (State):

DATE REC'D BY LOCAL REG.: 7-5-55 REGISTRAR'S SIGNATURE: [illegible] FUNERAL DIRECTOR: Flynn & Fleming ADDRESS: 1476 Light St.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06213

6213

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY ANNE ARUNDEL MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Glen Burnie

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give residence) 90 PLAZA MANOR CONVALESCENT Route 2 Box 376A

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY 3 Vol. 4

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE

STREET ADDRESS (If rural give location) 619 CARROLLTON AV. ✓

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) (Last) MACK

4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 1955

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH JAN. 3rd, 1884

9. AGE last birthday 71 YRS yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME UNKNOWN

14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS GRACE SMITH ALLEN, 259 MARION ST BKLYN. N.Y. (3)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Congestive heart failure

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerotic heart disease

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION ?

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to 7/29, 1955, that I last saw the deceased alive on 7/26, 1955, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE Joseph Tator M.D.

ADDRESS (Street, city, town, state) 162 BALTO-ANNAP BLVD. N.E. Glen Burnie, Md. 7/29/55 ✓

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8/1/55

NAME OF CEMETERY OR CREMATORY Mt Auburn Cem

LOCATION (City, town, or county) (State) Balto Md.

24. REC'D BY REGISTRAR DATE 8-1-55

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE Charles H Cooper

ADDRESS 512 Carrollton Av.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6216

CERTIFICATE OF DEATH

06214

Reg. Dist. No. ____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Solley Road Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solley Road X
STREET ADDRESS (If rural, give location) Rt. # 1, Box 188

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Maleski (Last)

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-3-1881

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Lukaszewski

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-09-1117

17. INFORMANT: Stanley James Maleski Solley Road Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Arteriosclerotic Cardio Vascular Disease	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Artery Disease	5 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1950, to July 3, 1955, that I last saw the deceased alive on 6/28, 1955, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Brady Smith M.D. Riviera Beach, Md. 7/5/55

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE THEREOF: 6-6-55 | NAME OF CEMETERY OR CREMATORY: Holy Rosary Cem | LOCATION (City, town, or county) (State): Furman Hill Rd.

DATE REC'D BY LOCAL REG.: July 5, 1955 | REGISTRAR'S SIGNATURE: C. W. Hedrick | 24. FUNERAL DIRECTOR: Johnston Weber | ADDRESS: 401 S. Chester St

VS. A15

06915

MARYLAND — **STATE DEPARTMETT OF HEALTH**

6217 CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Arundel Beach Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park
STREET ADDRESS (If rural, give location) Arundel Beach Rd

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Malone
4. DATE OF DEATH (Month) July (Day) 3. (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
M	W.		July 24 1886	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret - Carpenter
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James J. Malone
14. MOTHER'S MAIDEN NAME: Marie Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Daughter Mrs Fear Arundel Beach Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X
Immediate cause (a) Respiratory Failure
Antecedent cause(s) Generalized Sclerosis Arteriosclerosis
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular
(c) Disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Insuffic

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ., 1954, to ....., 19....., that I last saw the deceased alive on 2 July 19....., and that death occurred at 6.30 P.m., from the causes and on the date stated above. 4 July 55.

SIGNATURE R Malone M.D. (Degree or title) ADDRESS Severna Park Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/6/55	Meadowridge	Dorsey Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS
McCook Inc. 1217 St. Paul St

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06216

6219

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover, Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 462 Hanover, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hanover
STREET ADDRESS (If rural, give location) Box 462 Hanover, Md.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Eugene (Last) Matthews

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: June 6 1901

9. AGE Last Birthday 55 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Produce

11. BIRTHPLACE (State or foreign country): Hanover, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elias Matthews

14. MOTHER'S MAIDEN NAME: ? Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Mrs. Virginia L. Matthews Box 462 Hanover, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

181X
Immediate cause (a) Carcinoma of Bladder — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ..... DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: 9 mos.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: / /

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1st, 1955, to July 22nd 1955, that I last saw the deceased alive on July 21st 1955, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE Frank Shipley, M.D. | DEGREE OR TITLE | ADDRESS Savage, Md. | DATE SIGNED 7/22/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF July 24 1955 | NAME OF CEMETERY OR CREMATORY Mt. Rest | LOCATION (City, town, or county) Hanover (State) Md.

DATE REC'D BY LOCAL REG. July 23 1955 | REGISTRAR'S SIGNATURE R.W.S.

24. FUNERAL DIRECTOR Edward J. Tyrrell ADDRESS 1631 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06217

6219

CERTIFICATE OF DEATH

Reg. Dist. No. 20

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH

COUNTY ANNE ARUNDEL — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X DAVIDSONVILLE

LENGTH OF STAY (in this place) 46 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 RFD

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Davidsonville X

STREET ADDRESS (If rural give location) RFD /

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) ANTON (Last) MAYR

4. DATE OF DEATH (Month) JULY (Day) 31, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 19, 1871	84 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer	Owned Farm	Germany	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	none	Mr. Thomas E. Mayr- Son- Same as # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

42.1 IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1+ mos

ANTECEDENT CAUSE(S) DUE TO (B) Nephritis — 1 M. 1+ yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Auricular Fibrillation — 1 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis — 10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
None	—	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
		None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED White ☐ at work Not White ☐ at work	21f. HOW DID INJURY OCCUR?
None M.		—

22. I hereby certify that I attended the deceased from July 26, 19[illegible], to July 31, 19[illegible], that I last saw the deceased alive on July 31, 19[illegible], and that death occurred at [illegible] M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. **ADDRESS** (Street, city, town, state) Upper Marlboro, Md. **DATE SIGNED**

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	August 3, 1955	Our Lady of Sorrows Cemet.	OWENSVILLE, A.A. Co. Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
August 1, 1955	Carrie J. Smith	[illegible]	ANNAPOLIS, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

06218

! 6220

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24.

MARGIN RESERVED FOR BINDING

USE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

1. PLACE OF DEATH
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X P.O. Pasadena
LENGTH OF STAY (In this place): Few seconds
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Woods near Grammar School of High Point.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Virginia
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural, give location): 1420 Dogwood Drive

3. NAME OF DECEASED (Type or Print): (First) Lud (Middle) James (Last) Milisterff

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/18/18

9. AGE last birthday: 36 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Major in the U.S.A.Air Forces

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bison,S.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Milisterf

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): Air Forces, presently.

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: U.S.Air Force Records.Capt.J.R.Finn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 860X Charred and mutilated beyond recognition — Interval Between Onset and Death: Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS HOMICIDE ☐ SUICIDE ☐ ACCIDENT ☒ OR CONTRIBUTING CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: In the air

(CITY OR TOWN): High Point P.O.Pasadena, A.A. (COUNTY): (STATE): Maryland.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/19/55 12.30 P.M.

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Collision in the air.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gaston A Barber MC (Degree or title) ADDRESS: Deputy Medical Examiner Glen Burnie,Md. DATE SIGNED: 7/20/55

BURIAL (CREMATION) (REMOVAL): Burial

DATE THEREOF: 21 July 1955

NAME OF CEMETERY OR CREMATORY: Ark Natl Cem.

LOCATION (City, town, or county) (State): Ark. Va

DATE REC'D BY LOCAL REG: July 20, 1955

REGISTRAR'S SIGNATURE: L J DeAlba

24. FUNERAL DIRECTOR: Ellicott Funeral Home ADDRESS: 816 H St N.W. Wash D.C.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-58 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06219

6169 # CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 ANNAPOLIS

LENGTH OF STAY (In this place) 1½ hr.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hosp Franklin St

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY ~~Baltimore~~

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE 23 3Y01-4

STREET ADDRESS (If rural give location) 406 S. PAYSON ST. ✓

3. NAME OF DECEASED (Type or Print) (First) Nolan (Middle) Franklin (Last) Miller

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	MARRIED	Nov 21 1915	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
INSPECTOR	Ship Work	York Penna	

13. FATHER'S NAME Charles F. Miller — 215-07-0359

14. MOTHER'S MAIDEN NAME Carrie Faringher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Catherine B. Miller 406 S. Payson St

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Multiple Severe Accidental Injuries — INTERVAL BETWEEN ONSET AND DEATH 1 Hr 5 min

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ☒ — 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) STREET — 21c. WHERE DID INJURY OCCUR? (City or town) Jones Station (County) Ritchie Highway (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9:30pm July 30 55 M. — 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ — 21f. HOW DID INJURY OCCUR? Auto Accident

22. I hereby certify that I attended the deceased from 30 July, 1955, to 30 July, 1955, that I last saw the deceased alive on 30 July, 1955, and that death occurred at 11:20 P.M., from the causes and on the date stated above.

SIGNATURE M.D. — ADDRESS (Street, city, state) 76 Cathedral Annapolis Md — DATE SIGNED

Via Examiner

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 3-1955	Houdon Park	Balto Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
		R.F. Cy Bill Walters	

P.M.H. Stricker

MARYLAND STATE DEPARTMENT OF HEALTH

06220

6169

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — LENGTH OF STAY (In this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Annapolis
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis — 10
STREET ADDRESS (If rural, give location) 33 Hutton Place — 1

3. NAME OF DECEASED (Type or Print): (First) OLIVER (Middle) [illegible] (Last) MORSE
4. DATE OF DEATH: (Month) July (Day) 25 (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: ?
9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Westminster, Carroll [illegible] Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver E. Morse, Jr.
14. MOTHER'S MAIDEN NAME: Hannah Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT AND ADDRESS: Mrs. Morse, Westminster Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac tamponade due to stab wound of chest — Interval between onset and death: [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) involving myocardium

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary occlusion; Myocardial infarct

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home of friend
(CITY OR TOWN) Annapolis (COUNTY) Anne Arundel (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY 7/25/55 12:45 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stabbed with knife durin, altercation

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) William Hoyt M.D. — ADDRESS 70 Fleet St. — DATE SIGNED July 26, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 30 55 — NAME OF CEMETERY OR CREMATORY Western Chapel — LOCATION (City, town, or county) Rural, Westminster (State) Md.

DATE REC'D BY LOCAL REG. 7-27-55 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR J. E. Myers Jr. — ADDRESS West Minster Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06222

6222

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
   - COUNTY: Anne Arunel
   - CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P.O. Glen Burnie
   - LENGTH OF STAY (in this place): 30 y.
   - HOSPITAL OR INSTITUTION OR STREET ADDRESS: Margate Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
   - STATE: Maryland
   - COUNTY: A.A.
   - CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Glen Burnie
   - STREET ADDRESS (If rural give location): Margate Drive

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Henry (Last) Neubeck

4. DATE OF DEATH: (Month) July (Day) 20th (Year) 1955

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/9/93

9. AGE Last birthday: 62 yrs. If UNDER 1 YEAR (Month, Day) If UNDER 24 HRS (Hour, Min.)

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: self-employed

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Neubeck

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-16-0042

17. INFORMANT & ADDRESS: Mrs. M. Neubeck, (Wife) Margate Dr. Glen Burnie

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
163X Immediate cause	(a) Carcinoma of lungs	5 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Infection of lungs	?
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5/55, 19 , to May 1955, 19 , that I last saw the deceased alive on May, 1955, and that death occurred at 5 A. M., from the causes and on the date stated above.

SIGNATURE: Gustave H Roecker MD (Degree or title) ADDRESS: Glen Burnie, Md. DATE SIGNED: 7/20/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 23/1955

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county): Balto. (State): Md.

DATE RECD BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Geo. S. Gorce

ADDRESS: 4001 Ritchie Hgwy Balto 25

1

INSTRUCTIONS:

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6221

CERTIFICATE OF DEATH

06221

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A.A. — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RIVA — LENGTH OF STAY (in this place): X

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Riverview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. — COUNTY A.A. Co.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riva — X

STREET ADDRESS (If rural give location): /

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) D. (Last) Nott

4. DATE OF DEATH: (Month) 7 (Day) 28 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	SINGLE	12/25/[illegible]	76 yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE	HOME	[illegible] D.C.	USA

13. FATHER'S NAME: [illegible] BERT Nott

14. MOTHER'S MAIDEN NAME: [illegible] Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS WALLACE [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) [illegible] generalized [illegible] — INTERVAL BETWEEN ONSET AND DEATH: [illegible] days

ANTECEDENT CAUSE(S) DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Cataract - [illegible] — 4-5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. [illegible], 19[illegible] to July 28, 19[illegible], that I last saw the deceased alive on July 27, 19[illegible], and that death occurred at [illegible] P.M., from the causes and on the date stated above.

SIGNATURE [illegible] M.D — ADDRESS (Street, city, town, state) [illegible], Md. — DATE SIGNED 7/[illegible]/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/29/55		Calvert Inn

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
7/29/55	[illegible] O'Donnell	[illegible] City Funeral Home, Owings Mills, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06223

6223

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY ... MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ...

LENGTH OF STAY (in this place) 2 1/2 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Army Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE ... COUNTY ...

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rochester 69X-3

STREET ADDRESS (If rural give location) 357 West Avenue

3. NAME OF DECEASED (Type or Print) (First) ... (Middle) ... (Last) ...AK

4. DATE OF DEATH (Month) July (Day) 3 (Year) 19 ..

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
...	...	...ryland	...A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Theodore Nowak	Beverley Mass

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
...	...	...	...

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

77½ IMMEDIATE CAUSE (A) ...

ANTECEDENT CAUSE(S) DUE TO (B) ...

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) ...

INTERVAL BETWEEN ONSET AND DEATH ...d.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ...

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
...	...	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
...	...	...

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
...	...	...

22. I hereby certify that I attended the deceased from ... 19 55, to ... 19 ..., that I last saw the deceased alive on ... 19 ..., and that death occurred at ... PM, from the causes and on the date stated above.

SIGNATURE Alfred E. Neale M.D. **ADDRESS** (Street, city, town, state) Fort G. G. Meade, ...ryland **DATE SIGNED** July 3, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
...	...	...	...

24. REC'D BY REGISTRAR DATE ...	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	...	...

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06224

6224

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. NAME OF DECEASED (Type or Print): JOHN OBRIEN
2. DATE OF DEATH: 7/8/55

3. PLACE OF DEATH:
A. ~~Baltimore City~~, Maryland X a. a. Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fort Meade 56
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 3X01-4
D. STREET ADDRESS (If rural, give location): 1305 Wildwood Parkway

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Oct 26th 1907
9. AGE (In years last birthday): 47
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier C.W.O.
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Air Force
11. BIRTHPLACE (State or foreign country): Mass
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank C O'Brien
14. MOTHER'S MAIDEN NAME: Jennie Horyan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): Yes
(If yes, give war or dates of service): W.W. #2
16. SOCIAL SECURITY NO
17. INFORMANT: Wm Brennan 1305 Wildwood Pkwy ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) ARTERIOSCLEROTIC CARDIO-
~~DUE TO~~ VASCULAR DISEASE
(B) Acute Myocardial infarction -
~~DUE TO~~
(C) posterior left ventricle + septum

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20. AUTOPSY? YES X NO

22 *I certify that I took charge of the remains described above, held an* Autopsy X, Inspection X, Inquiry ☐, and found that death resulted from: Natural causes X, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

23A. SIGNATURE: Paul F Brennan M.D.
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER X MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED: 7/9/55

24A. BURIAL—CREMATION, REMOVAL (Specify): Burial
24B. DATE: 7/11/55
24C. NAME OF CEMETERY OR CREMATORY: Friendship Gdns
24D. LOCATION (City, town, or county) (State): Md.

DATE RECEIVED BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR: Geo Fox Inc.
ADDRESS: 421 Fairfax St

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

! 6225 **CERTIFICATE OF DEATH** 06225

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY A A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Robinson — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Robinson

STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) (Last) Pack

4. DATE OF DEATH (Month) July (Day) 9 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last Birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fem	Colored	Married	May 9 1881	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Armagh A A C — 12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Robert Wallace — 14. MOTHER'S MAIDEN NAME Mary E. Jennings

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT & ADDRESS James Lem. Pack

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

159X IMMEDIATE CAUSE (A) Pancreas / G.I. Tract — about 1 mon.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21e. INJURY OCCURRED White at work ☐ Not white at work ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-21-55, 19..., to 7-9-55, 19..., that I last saw the deceased alive on 7-1-55, 19..., and that death occurred at 7:15 A.M., from the causes and on the date stated above.

SIGNATURE T. Allen M.D. — ADDRESS (Street, city, town, state) 2 Eutaw Pl Balt 21 — DATE SIGNED 7-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF July 12 — NAME OF CEMETERY OR CREMATORY Asbury Tommack — LOCATION (City, town, or county) Robinson — (State) Md

24. REC'D BY REGISTRAR DATE July 13 1955 — REGISTRAR'S SIGNATURE — 25. FUNERAL DIRECTOR'S SIGNATURE J B Johnson — ADDRESS Annapolis

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06226

6170 **CERTIFICATE OF DEATH**

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY A A. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Homewood Convalescent Hm.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY A A

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

STREET ADDRESS (If rural give location) 173 Green St

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) (Last) PAVLEROS

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widower	Unknown	About 82 yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Confectioner

10b. KIND OF BUSINESS OR INDUSTRY Candy

11. BIRTHPLACE (State or foreign country) Greece

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Themestocles Pavleros

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS Wm. Pavleros same as #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Pulmonary Edema & Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic C.V. Disease — yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Mid-thigh amputation 1 mo ago due to Arterial Embolus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ..., 1952 to 7/20 ..., 1955, that I last saw the deceased alive on 7/20 ..., 1955, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

SIGNATURE Maurice N. Lawrence, M.D. ADDRESS (Street, city, town, state) Annapolis Md DATE SIGNED 7/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-25-55	Greek Church Cemetery	Baltimore	Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7/22/55	[signature]	John M Taylor & Son	Annapolis, Md.

06227

6171

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Edgewater
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) L. (Last) Petrie

4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify):

8. DATE OF BIRTH: 7-5-1887

9. AGE Last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Public Institute

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Petrie

14. MOTHER'S MAIDEN NAME: Bridgett Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Isabelle M. Palmer Edgewater Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
4343
Immediate cause (a) Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 7/7/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF July 11, 1955 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Arlington — (State) Va

DATE REC'D BY LOCAL REG. July 8, 1955

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Robert A. Mattingly — ADDRESS 131 - 11th St. S.E. Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06228

6228

CERTIFICATE OF DEATH

Item 4, FilmG188 10-21-55 et

Reg. Dist. No. 20

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Davidsonville

LENGTH OF STAY (In this place) 26 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS XX

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Davidsonville, Md X

STREET ADDRESS (If rural give location) Davidsonville

3. NAME OF DECEASED (Type or Print) (First) Rachael (Middle) (Last) Pindell

4. DATE OF DEATH (Month) July (Day) 26 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	C	Widow	1871	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mose Rawlings

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS Estelle Della, Davidsonville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 X IMMEDIATE CAUSE (A) Hypertensive Cardio-Vascular Disease

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24-55 19.0, to 7-26-55 19....., that I last saw the deceased alive on 7-25-55 19....., and that death occurred at 5 P.M. from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS (Street, city, town, state) DATE SIGNED 7-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/29/55	Union	Davidsonville, MD

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Aug 4th	Carrie Shiett	Bernard Hardesty, Edgewood Md.

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INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6227

CERTIFICATE OF DEATH

06229

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY A. A — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Oak Point, West River — LENGTH OF STAY (in this place) 40 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 08

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md — COUNTY a a

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oak Point, West River Md X

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print) (First) Maggie (Middle) P. (Last) Placide

4. DATE OF DEATH (Month) 7 (Day) 21 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W		July 17 1867	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Oak Pt West River Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Kuehn	Margaret Hoppe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	—	Dudley Placide Rt 1 Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 IMMEDIATE CAUSE (A) Pulmonary Congestion — INTERVAL BETWEEN ONSET AND DEATH 10 hours

ANTECEDENT CAUSE(S) DUE TO (B) Congestive failure — 4 Months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis — several years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonia 5 mos ago.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ....., 1955, to 21 July, 1955, that I last saw the deceased alive on 21 July, 1955, and that death occurred at 4:45 P.M. from the causes and on the date stated above.

SIGNATURE T D Hendricks M.D. — ADDRESS (Street, city, town, state) Shady Side, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-25-55	Dunker	Edwell Md

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 7-25-55	H. D. Brink	Brown Funeral Home	Edwell Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

! 6228

CERTIFICATE OF DEATH

Reg. Dist. No. 06231

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bodkin's Creek

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Baltimore City

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3V01.4

STREET ADDRESS (If rural, give location): 2610 Allendale Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Charles	Ryland	Pollard	July	7	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Feb. 22, 1878	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Sales Mnger.	Research	Baltimore, Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles R. Pollard	Nancy Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	216-12-3912 A	Katherine M. Pollard - 2610 Allendale Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Cardio-vascular disease —	about 8 mo
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio-sclerosis	?
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 6, 1955, to July 7, 1955, that I last saw the deceased alive on July 5, 1955, and that death occurred at 5-20 A.M., from the causes and on the date stated above.

SIGNATURE Wallace Shiblett (DEGREE OR TITLE) ADDRESS 22 20 Garrison Blvd DATE SIGNED Md

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/11/1955	Loudon Park Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-8-55	[illegible]	Ellsworth Armacost	Ellsworth Armacost - 4600 Liberty Hghts. Ave. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

06231

: 6229

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING — Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Burnie — LENGTH OF STAY (In this place): 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Furnace Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1114 W. Pratt St.

3. NAME OF DECEASED (Type or Print): (First) Robert J. (Middle) RAHE (Last)
4. DATE OF DEATH: (Month) 7/8/55 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M.	White	Single	4/2[illegible]/35	20 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life—even if retired): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: BALTO, Steel
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Rahe
14. MOTHER'S MAIDEN NAME: Katherine Dahl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs Katherine Rahe 1114 W. Pratt St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

127.1
Immediate cause (a) Accidental Drowning, ... Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: (
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ENTER EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, OF INJURY): Furnace Creek — (CITY OR TOWN): Glen Burnie — (COUNTY): A.A. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/8/55 5 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drowning

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .*

SIGNATURE: Conrad R Poulsen MD (Degree or title) — ADDRESS: Glen Burnie, Md. — DATE SIGNED: 7/8/55

BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 7/11/55 — NAME OF CEMETERY OR CREMATORY: Western Cem. — LOCATION (City, town, or county) (State): Edmondson Longwood Sts

DATE RECD BY LOCAL REGISTRAR: 7/8/55 — REGISTRAR'S SIGNATURE: O. W. Adams — FUNERAL DIRECTOR: John J. Edmondson — ADDRESS: 9 Hollins St.

VS A15A

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07374

6230

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville

LENGTH OF STAY (in this place) 1mo. 11 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

STREET ADDRESS (If rural give location) 125 Prague Court

3. NAME OF DECEASED (Type or Print) (First) Levi (Middle) (Last) Ramsey

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Negro	Unknown	Unknown	74 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	———	Unknown	Unknown

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unknown	———	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Known to us since 6/16/55

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: CNS Syphilis — Known to us since 6/16/55; Chronic Brain Syndrome Associated with Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
———	———	YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	———	———

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
——— M.		———

22. I hereby certify that I attended the deceased from June 16, 1955, to July 27, 1955, that I last saw the deceased alive on July 27, 1955, and that death occurred at 3:45 p.M., from the causes and on the date stated above.

SIGNATURE Hildegard Heard Ramsey M.D. — ADDRESS (Street, city, town, state) — DATE SIGNED 8/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	8/1/55	[illegible]	[illegible]

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
8-13-55	[illegible]	[illegible]	[illegible]

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6231

CERTIFICATE OF DEATH

06232

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (in this place) 2 yr. 10 mos. 22 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City

STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED (Type or Print) — (First) John (Middle) W. (Last) Rice

4. DATE OF DEATH (Month) 7 (Day) 21 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Separated	Unknown	76? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None listed	— — —	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sam Rice	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16 SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No.	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 2X IMMEDIATE CAUSE (A) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Arteriosclerotic Cardiovascular Dis. — Known to us since ~~8/29/52~~

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Senile Psychosis — II

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— —	— — —	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — —	— —

21d TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — M.		— — — —

22. I hereby certify that I attended the deceased from 8/29 ..., 19 52..., to 7/21, 19 55..., that I last saw the deceased alive on 7/21 ..., 19 55..., and that death occurred at 4:30a.M., from the causes and on the date stated above

SIGNATURE [signature] M D — **ADDRESS** (Street, city, town, state) Crownsville, Md. — **DATE SIGNED** 7/21, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7/25/55	Universal Memorial	Baltimore Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-26-55	K. M. Joyce	Frances A. Hensley	576 W. Biddle St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06233

6232

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Anne Arundel — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN Glen Burnie — LENGTH OF STAY (in this place) 10 mo

HOSPITAL OR INSTITUTION OR STREET ADDRESS Plaza Manor Nursing Home Rt 376A, Rt 2 Glen Burnie

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Balto. city

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 W. 1. 4

STREET ADDRESS (If rural give location) 869 W. Fayette St

3. NAME OF DECEASED: (Type or Print) (First) LILLIAN (Middle) (Last) RICHARDSON

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: Oct. 1887

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Princeton N. C

12. CITIZEN OF WHAT COUNTRY? Yes. USA

13. FATHER'S NAME: Charles Royal

14. MOTHER'S MAIDEN NAME: Lillie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hattie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 446 X — (a) Uremia — Interval Between Onset And Death: 7 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO

(b) Chronic nephritis & pyelitis — 1 yr

DUE TO

(c) arteriosclerotic vascular-renal disease — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right-sided hemiplegia — 1½ yrs

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19..., to ——, 19..., that I last saw the deceased alive on ——, 19..., and that death occurred at 10:45 PM, from the causes and on the date stated above.

SIGNATURE H. F. Manczak (Degree or title) M.D. ADDRESS 901 Edgerly Rd. Glen Burnie, Md. DATE SIGNED 7 July 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/11/1955 — NAME OF CEMETERY OR CREMATORY Catalpa Memorial — LOCATION (City, Town, or County) Catalpa (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-11-55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Mrs Katie R. Williams — ADDRESS Severndale

Note: this patient has been under the care of Dr. Jos. Baker of Glen Burnie & I was called to pronounce her dead when he was not available.

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06234

6233

CERTIFICATE OF DEATH

Reg. Dist. No. 24-23

1. PLACE OF DEATH

COUNTY ANNE ARUNDEL MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X GARLAND PARK

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital or institution, give street address or location) 00 400 BROADVIEW BLVD.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY ANNE ARUNDEL

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GARLAND PARK X

STREET ADDRESS (If rural give location) 400 BROADVIEW BLVD

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) A. (Last) RINGES

4. DATE OF DEATH (Month) JULY (Day) 18 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS Hours	IF UNDER 24 HRS Min.
M	W	MARRIED	OCTOBER 22, 1892	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CARPENTER	WORKED OUT OF LOCAL	BALTIMORE, MARYLAND	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM RINGES	ELIZABETH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	—		MRS AGNES L. RINGES, 400 BROADVIEW GARLAND PARK, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) CARDIAC DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 2, 1955, to 7/18, 1955, that I last saw the deceased alive on 7/16, 1955, and that death occurred at 6:10 P.M, from the causes and on the date stated above.

SIGNATURE Bertha L. Jones M.D. ADDRESS (Street, city, town, state) 5 Cleveland Ave Glen Burnie Md DATE SIGNED 7/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	7/21/55	WESTERN CEMETERY	BALTIMORE, MARYLAND

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7/19/55	Dr. Caldwell Woodruff Jr	Wm Cook Inc	127 ST. PAUL ST

MARYLAND STATE DEPARTMENT OF HEALTH

6234

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06235

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X P.O.Arnold
LENGTH OF STAY (In this place): Few hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: In the woods Broadwater Beach

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P.O.Arnold X
STREET ADDRESS (If rural, give location): Broad water Beach

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Ann (Last) Royer

4. DATE OF DEATH (Month) (Day) (Year): July 13th. 1955 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/26/97

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retire Registered Nurse

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel A. Royer

14. MOTHER'S MAIDEN NAME: Anna Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 219-30-7666

17. INFORMANT: Mr. Erick Scholtz (brother in law)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular diseases — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Deputy (Degree or title) ADDRESS: Medical Examiner, Glen Burnie, Md. DATE SIGNED: 7/13/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July. 16. 55

NAME OF CEMETERY OR CREMATORY: Meadowbranch Cem

LOCATION (City, town, or county) (State): Westminister Md.

DATE REC'D BY LOCAL REG.: 7-15-55

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC.

ADDRESS: Baltimore Md.

6235 06236

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie RURAL. LENGTH OF STAY (in this place) visiting
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto. and Ft. Geo. Hwy

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BALTIMORE. 3 Vol 1-4
STREET ADDRESS (If rural, give location) 2625 Hudson St. ✓

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) HENRY (Last) SANDS.
4. DATE OF DEATH (Month) 7 (Day) 10 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 4/20/1888
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: CITY OF BALTO.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: THOMAS SANDS
14. MOTHER'S MAIDEN NAME: MARY E — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: MRS. IDA R. SANDS, 2625 HUDSON Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Coronary disease DUE TO — Interval between onset and death: Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE [signature] CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ M. D. DATE SIGNED 7-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 7/14/55
NAME OF CEMETERY OR CREMATORY ST. STANISLAUS
LOCATION (City, town, or county) (State) BALTIMORE MD.
DATE REC'D BY LOCAL REG. 7-13-55
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS MIESZKOWSKI & SONS, 1018 EASTERN AVE

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6238

06237

CERTIFICATE OF DEATH

Reg. Dist. No. .....

Crownsville State Hospital

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crownsville

LENGTH OF STAY (In this place) 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY 12-M

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 4-L 0.2-Sq.-L

STREET ADDRESS (If rural give location) 1609 Hopewell Ave.

3. NAME OF DECEASED (Type or Print) (First) Lonnie (Middle) (Last) Saunders

4. DATE OF DEATH (Month) July (Day) 27 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Negro	single	unknown	10 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
----------	----	unknown	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	----------	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

27X IMMEDIATE CAUSE (A) Cerebral Hyperpyrexia (Temp. 110o) — Interval between onset and death: 8 hrs.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Brain Tumor — 1 yr.(?)

DUE TO (C) Idiot

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-------	----------	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	----------	---------- ---- ------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
---------- M.		----------

22. I hereby certify that I attended the deceased from 7/25 ....., 19 55., to 7/27 ....., 1955 ....., that I last saw the deceased alive on 7/27 ....., 1955 ....., and that death occurred at 1:15 P.M., from the causes and on the date stated above

SIGNATURE Richard Kearney M.D. — ADDRESS (Street, city, town, state) Crownsville, Md. — DATE SIGNED 7/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	7-30-55	Mt. Calvary	Crownsville, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-29-55	[illegible]	Elroy E. Wilson	[illegible]

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06238

: 6237

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY Anne Arundel MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Glen Burnie

LENGTH OF STAY (in this place) Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 611 Binsted Rd

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Glen Burnie

STREET ADDRESS (If rural give location) 611 Binsted Rd

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Grimes (Last) Schneider

4. DATE OF DEATH (Month) July (Day) 6 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	Jan 13 1887	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housekeeper	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Grimes	Emma Eugenia Hacks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No		None	Sonja Lee Jordan 611 Binsted Rd Glen Burnie

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X IMMEDIATE CAUSE (A) Pulmonary Congestion — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic Heart Disease — 1 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Diabetes Mellitus — 15 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Obesity — 15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1 1955 to July 6 1955, that I last saw the deceased alive on July 6 1955, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

SIGNATURE H. E. Richard M.D. ADDRESS (Street, city, town, state) 711 Cotten Rd Glen Burnie DATE SIGNED 7/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/9/55	Oak Lawn	Baltimore, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
July 8, 1955	L. J. Dalba	James E. Kirkley Hopping and Kirkley, Glen Burnie, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06239

6172

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH

COUNTY ANNE ARUNDEL — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 ANNAPOLIS

LENGTH OF STAY (in this place) 44 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 30 Bloomsbury Sq.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis,

STREET ADDRESS (If rural give location) 30 Bloomsbury Sq

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) SEARS

4. DATE OF DEATH (Month) JULY (Day) 24, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	July 9, 1911	44 yrs.	0	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	own Home	Annapolis, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Wilson	Mary Agnes Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
—	None	same as Mr. Bernard E. Sears; Husband: # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Ileus

ANTECEDENT CAUSE(S) DUE TO (B) Metastatic Carcinoma of Colon

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 2 wks; (B) 18 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
/		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 19 55, to 24 July 19 55, that I last saw the deceased alive on 24 July, 1955, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Edward A Beck M.D.	41 Southgate Ave Annapolis	7/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 26, 55	Cedar Bluff Cemetery	Annapolis, Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
7-25-55		HOPPING FUNERAL HOME ANNAPOLIS, MD.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6233

CERTIFICATE OF DEATH

06240

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crownsville

LENGTH OF STAY (in this place) 5yrs.8mos.28das.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland — COUNTY Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John		Slater	July	25	19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Negro	Married	Unknown	70? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	Virginia	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jim Slater	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile Psychosis — Known to us since 11/28/49

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
———	———	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	———	———

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not white at work ☐	21f. HOW DID INJURY OCCUR?
———		———

22. I hereby certify that I attended the deceased from 7/5/55, 19..., to 7/25/, 19...55..., that I last saw the deceased alive on 7/25, 19...55..., and that death occurred at 4:30 PM, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
Everett W. Cadenhead Jr M.D.	Crownsville State Hosp. Crownsville Md.	7-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7/28/55	University School of Medical	Baltimore Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-29-55	K. McIntyre	Frances A. Hensley	5 Biddle St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06241

6239

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BROOKLYN
LENGTH OF STAY (in this place) 50
HOSPITAL OR INSTITUTION OR STREET ADDRESS 318 CRESSWELL ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN 53
STREET ADDRESS (If rural give location) 318 CRESSWELL ROAD

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) CHARLIE A. SMIDDY

4. DATE OF DEATH: (Month) (Day) (Year) 7/14/55 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: I/19/87

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN

10B. KIND OF BUSINESS OR INDUSTRY: BROWN DISTILLERS

11. BIRTHPLACE (State or foreign country): KENTUCKY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM

14. MOTHER'S MAIDEN NAME: LUCIENDA PARKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: FAMILY - SAME

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X

IMMEDIATE CAUSE (A) Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 1 Year

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Pulmonary Tuberculosis — 1 Year

DUE TO (C) Pulmonary Fibrosis — 1 Year.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1955, to July 14, 1955, that I last saw the deceased alive on July 13, 1955, and that death occurred at 9 A M, from the causes and on the date stated above.

SIGNATURE Paul Schofield M.D. ADDRESS 301 Annapolis DATE SIGNED 7/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) B

DATE THEREOF 7/18/55

NAME OF CEMETERY OR CREMATORY CEDAR HILL

LOCATION (City, town, or county) (State) BALTIMORE

DATE REC'D BY LOCAL REGISTRAR 7-15-55

REGISTRAR'S SIGNATURE A.W. Hedrich dmr.

24 FUNERAL DIRECTOR ADDRESS JAMES L. MCCULLY - 130 E. FORT AVENUE

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06242

6249 **CERTIFICATE OF DEATH**

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crownsville

LENGTH OF STAY (in this place): 4 mos. 22 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City

STREET ADDRESS (If rural give location): 779 george Street

3. NAME OF DECEASED (Type or Print): (First) Mollie (Middle) (Last) Smith

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Negro	Single	Unknown	73? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	— —	Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alfred Smith	Georgianna Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Central Nervous System Syphilis — INTERVAL BETWEEN ONSET AND DEATH: Known to us since 2/15/55

ANTECEDENT CAUSE(S) DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Generalized Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — — — —	— — — — — — — — — — — — — — — — — —	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2/15/55, 19..., to 7/7/..., 19 55, that I last saw the deceased alive on 7/7/..., 1955, and that death occurred at 7:30 P.M. from the causes and on the date stated above.

SIGNATURE: Hildegarde Heard Reissmann (Hildegarde Heard Reissmann M.D.) — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 7/8/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/12/55	Mt. Auburn Cem	Baltimore Maryland

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
		Frances A. Hemsley	578 W. Biddle St.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06243

CERTIFICATE OF DEATH

6179

Reg. Dist. No. 21

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Annapolis

LENGTH OF STAY (In this place) 74½ Yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 29 Monument Street

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Anne Arundel

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

STREET ADDRESS (If rural give location) 29 Monument Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) STEPNEY

4. DATE OF DEATH (Month) JUly (Day) 5, (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Colored	Widowed	November 16, 1879	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer-Janitor	None	Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM HENRY STEPNEY SR.	HENRIETTA JOHNSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	5-8-1899* 9-10-1899	None	William Yeuhn Stepney-36 Washington St Annapolis, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH?

4-43X IMMEDIATE CAUSE (A) Arteriosclerotic Hypertensive Cardiovascular Disease 6 Months

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 19 55, to July 5, 19 55, that I last saw the deceased alive on July 4, 19 55, and that death occurred at 8.30 P.M., from the causes and on the date stated above. 7/7/55

SIGNATURE R. L. Richardson M.D. ADDRESS (Street, city, town, state) 11 Clay St. Annapolis Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 8, 1955	National Cemetery	West St. -Annapolis, Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
July 8, 1955		Ethel L. Hicks-45 Northwest St. -Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06244

6241

CERTIFICATE OF DEATH

Reg. Dist. No. 28

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 1yr.6mos.25days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Sparks

STREET ADDRESS (If rural give location): None listed

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Hezekiah		Stewart	7	18	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min
Male	Negro	Married	~~Unknown~~ 12-13-1887	~~87~~ 67 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None listed Laborer	Farm -	Virginia	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Stewart	Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No Unk.	Unk.	Unk. Would	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Bronchopneumonia — ONSET AND DEATH: 4 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B): Arteriosclerotic Hypertensive Cardiovascular Dis. — Known to us since 12/23/53

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Senile Psychosis — Known to us since 12/23/53

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — —	— — — — — — — — — — — — — — — —	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — —	— — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— — — — — — — — M.	White at work ☐ Not while at work ☐	— — — — — — — — — —

22. I hereby certify that I attended the deceased from 1/5 ..... 19 55, to 7/18 ..... 19 55, that I last saw the deceased alive on 7/17 ..... 19 55, and that death occurred at 8:15a. M, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
H. Edward Reisner M.D.	Crownsville, Md.	7/18/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	7/21/55	Stephenson A.M.E	Sparks Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-20-55	T. M. Lee	Brooks Funeral Home, L. Scott Brooks	Sparks, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06245

1 6242

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH

COUNTY Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X North Beach Park

LENGTH OF STAY (in this place) 3 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE D. C. — COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON 4.7

STREET ADDRESS (If rural give location) 6353 - 31ST ST. N.W ✓

3. NAME OF DECEASED (Type or Print) (First) MARGUERITE (Middle) KIRK (Last) SWARTZ

4. DATE OF DEATH (Month) JULY (Day) 2, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	MARRIED	MAY 7, 1878	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	AKRON, OHIO	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES KIRK.	CHARLOTTE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	NONE	JOHN C. SWARTZ NORTH BEACH PARK, MD.

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
154X IMMEDIATE CAUSE	(A) Anemia	.??
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Congestive Cardiac Failure	immediate
	DUE TO (C) Carcinoma of Rectum c Metastasis to spine	15 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19.. Not seen 19.. by me that I last saw the deceased alive on ..., 19.. and that death occurred at ...M, from the causes and on the date stated above.

SIGNATURE F.D. Hendricks M.D. — ADDRESS (Street, city, town, state) Acting Medical Examiner A.A. County 2 July 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL-TRANSIT	JULY 2, 1955	GLENDALE CEM.	AKRON OHIO

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
July 2 1955	Ellen Hoot Williams	Robert A. Langley, Bethesda, Md

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06246

6243

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH

COUNTY A. A. Co. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Harwood

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY A. A. Co.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Harwood X

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print) (First) Delia (Middle) Estella (Last) Thomas

4. DATE OF DEATH (Month) 7 (Day) 10th (Year) 1955

5. SEX	6. CO. OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
Female	Colored	W	6-17-1888	67 yrs		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	~	Maryland	U.S.A.

13. FATHER'S NAME Philip Chambers

14. MOTHER'S MAIDEN NAME Lurenia Garrett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.		~ -	Viola Sterrett, Harwood, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.1 IMMEDIATE CAUSE (A) Pelvic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 8 yrs.

ANTECEDENT CAUSE(S) DUE TO (B) —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED White at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 19 55, to July 10, 19 55, that I last saw the deceased alive on 7/10, 19 55, and that death occurred at 2:00 P.M. from the causes and on the date stated above.

SIGNATURE Theodore K. Johnson M.D. M.D. ADDRESS (Street, city, town, state) 37 Calvert St, Annapolis, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-13-55	Chew Chapel	Owensville Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
July 14, 1955	Edward Callinen	William Reese II, 108 W. Wash. ST Annapolis, Md

6244 06247

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

Item 14 filed 7-20-55 ot

1. PLACE OF DEATH:

COUNTY Anne Arundel MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Severna Park

LENGTH OF STAY (in this place) 6 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Manhattan Beach

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Anne Arundel

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Severna Park X

STREET ADDRESS (If rural, give location) Manhattan Beach

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LESLIE	MORTIMER	THOMPSON	7	11	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		2/29/98	57 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rochester, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Tefft Thompson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ted Thompson (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DUE TO	Massive gastro-intestinal hemorrhage	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	rupture of esophageal varix	
	(c)	cirrhosis of the liver	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: ?

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William Howard M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 7/11/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/15/55	Riverside Cemetery	Rochester, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 13, 1955	L. J. D'Alba	Hopping and Kirkley, Glen Burnie, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ah

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06248

6245

CERTIFICATE OF DEATH

Reg. Dist. No. 28

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 12 yrs. 2 mos. 18 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City

STREET ADDRESS (If rural give location): 918 Jordan Alley

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Tucker

4. DATE OF DEATH: (Month) 7 (Day) 5 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Negro	Sep.	2/28/02	53 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Unknown	Virginia	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ralph Young	Mary Tucker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A): Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Known to us since ~~4/28/55~~

ANTECEDENT CAUSE(S) DUE TO (B):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Schizophrenic Reaction, Paranoid Type. — Known to us since 4/13/33

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
— — — — —	— — — — — — — — — — — — — — — — —	

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — — — —	— — — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — — — — — — — M.		— — — — — — — — — —

22. I hereby certify that I attended the deceased from 1/21, 19 48, to 7/5, 19 55, that I last saw the deceased alive on 7/5, 19 55, and that death occurred at 8:00 a.m. from the causes and on the date stated above.

SIGNATURE: [signature] (L. Benedict) M.D.

ADDRESS (Street, city, town, state): Crownsville, Md.

DATE SIGNED: 7/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	7/6/55	School of medicine university	Baltimore Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS
7-6-55	R. M. Boyd	578 W. Biddle St. Baltimore Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6174

06250

Reg. Dist. No.

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH

COUNTY A. A. — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1a Annapolis

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 1b A. G. General

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md COUNTY A. A.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis

STREET ADDRESS (If rural give location) 51 Franklin

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) M. (Last) van Wart

4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	4-16-1892	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	England	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest Fowles	Westmoreon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Dr. Harry P. van Wart (2)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.

ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic Heart Disease — continuous

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 July, 19 55, to 19 July 19 55, that I last saw the deceased alive on 19 July, 19 55, and that death occurred at 6 a.m. M, from the causes and on the date stated above.

SIGNATURE Edward Beck M.D. ADDRESS (Street, city, town, state) 41 Lincoln Place, Annapolis, Md. DATE SIGNED 7/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-22-55	St Annes	Annapolis Md

24. REC'D BY REGISTRAR DATE 7/22/55	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
		John M. Taylor Sons	Annapolis Md

MARYLAND STATE DEPARTMENT OF HEALTH

6246

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06251

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X P.O.Pasadena
LENGTH OF STAY (in this place): Few seconds
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Woods near Grammar School pr High Point.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 954 Southern Ave. S.E. 47X-5

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Donald (Last) Viering

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/4/24

9. AGE last birthday: 31 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lieutenant in the U.S.Air Forces.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Neptune City, N.J.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward O Viering

14. MOTHER'S MAIDEN NAME: Eugenia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes.Presently in the U.S.Air Forces.

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: U.S.Air Forces Records.(Captain J.R.Finn.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

860 X

Immediate cause (a) Charred and mutilated beyond recognition. — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: In the air

(CITY OR TOWN) High Point,P.O.Pasadena, A.A. (COUNTY) Maryland. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 7/19/55 12.30 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Collision in the air.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Gustave A Pontrandolfo — (Degree or title) Deputy Medical Examiner. — ADDRESS: Glen Burnie,Md. — DATE SIGNED: 7/20/55

BURIAL, CREMATION: Burial — DATE THEREOF: 21 July 1955 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Fort Lauderdale Florida

DATE REC'D BY LOCAL REG.: July 20.1955 — REGISTRAR'S SIGNATURE: L.J.D'Alba — 24. FUNERAL DIRECTOR: Lauderdale Funeral Home — ADDRESS: 816-H St N.E. Washington D.C.

MARGIN RESERVED FOR BINDING

USE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

U.S. ALA

6175

06252

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH: COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 10 [illegible] | LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 G. G. Leo Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1629 N. Milton ave

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) Victor (Last)
4. DATE OF DEATH (Month) 7 (Day) 22 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: June 2, 1890
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Victor
14. MOTHER'S MAIDEN NAME: Mary Kapralich
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO.: 212-20-9356
17. INFORMANT & ADDRESS: Lillian L. Victor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Cardiac Insuff. DUE TO — INTERVAL BETWEEN ONSET AND DEATH Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes (☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE [signature] CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ M. D. DATE SIGNED 7/27/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7-26-55 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) Balto (State) Md
DATE REC'D BY LOCAL REG. 7-27-55 | REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR & ADDRESS: H. Grach & Son 4004 Eastern ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 Hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06249

6247

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH

COUNTY ... MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ... LENGTH OF STAY (in this place) ...

HOSPITAL OR INSTITUTION OR STREET ADDRESS ...

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE ... COUNTY ...

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ...

STREET ADDRESS (If rural give location) ...

3. NAME OF DECEASED (Type or Print) (First) MARION (Middle) ... (Last) ...

4. DATE OF DEATH (Month) ... (Day) ... (Year) 19...

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	[illegible]o	Married	... 23, 1877	... yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Michigan	...

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
[illegible]u[illegible]e	Laura- maiden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		...	Colonel Geor... George G. ...

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA of BREAST with metastases — INTERVAL BETWEEN ONSET AND DEATH ...

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) and bilateral pleural effusion

DUE TO (C) ...

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES X NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 July, 1955, to 22 July, 1955, that I last saw the deceased alive on 21 July, 1955, and that death occurred at 6:00 A.M. from the causes and on the date stated above.

SIGNATURE John F. McDonnell Jr. M.D. ADDRESS (Street, city, town, state) ... DATE SIGNED ...

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-25-55	... Cemetery	...

24. REC'D BY REGISTRAR DATE ...	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
		TAYLOR'S Fu...

Harold Rabe

No

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6178

CERTIFICATE OF DEATH

06253

Reg. Dist. No.

1. PLACE OF DEATH
COUNTY A A — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place) 10
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give location) A.A. General Hospt. 12

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAVIDSONVILLE, MD-X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) ST. CLAIR (Last) WAYSON JR.

4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
M	W	MARRIED	3/22/1907	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	TOBACCO	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES ST. CLAIR WAYSON SR.	AGNES TRABAND

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	—	—	VIRGINIA WAYSON #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Occlusion — 4 hr.

ANTECEDENT CAUSE(S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 55, to July 23, 19 55, that I last saw the deceased alive on July 1, 19 55, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE M.D. — **ADDRESS** (Street, city, town, state) Annapolis, Md. — **DATE SIGNED** 7/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/25/55	All Hallows	Davidsonville Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
7-26-55	[signature]	John M. Taylor & Sons	Annapolis, Md.

INSTRUCTIONS

TO ATTENDING PHYSICIAN HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

06254

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6249 CERTIFICATE OF DEATH

Reg. Dist. No. 25

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY A.A. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
LENGTH OF STAY (in this place) 50
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 5202 6th Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn 50
STREET ADDRESS (If rural give location) 5202 6th Street 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) ROBERT H. WESTGATE

4. DATE OF DEATH: (Month) (Day) (Year) 7/12/55 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: 3/20/90

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: Slagles Serv. St.

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James

14. MOTHER'S MAIDEN NAME: Helen Pickering

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 196 03 0170

17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary insufficiency. DUE TO

ANTECEDENT CAUSE (B) coronary sclerosis DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH Jan 53-7/55

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5 '55, 19..... to Jan 7th, 19 55, that I last saw the deceased alive on 1/5/55, 19..... and that death occurred at 11:30 A M, from the causes and on the date stated above.

SIGNATURE H. Summers M.D. ADDRESS 1011 Hollins St DATE SIGNED 7/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) B

DATE THEREOF 7/16/55

NAME OF CEMETERY OR CREMATORY Glen Haven

LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REGISTRAR 7-15-55

REGISTRAR'S SIGNATURE A.W.Hedrich

24. FUNERAL DIRECTOR ADDRESS James L. McCully - 130 E. Fort Ave.

dmr.

Dr. Summers.

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06255 WC

6249

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH

COUNTY: Anne Arundel — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Crownsville

LENGTH OF STAY (in this place): 2 yrs. 29days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Baltimore City

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore City — 3 Vol 1-4

STREET ADDRESS (If rural give location): 921 Stricker Street ✓

3. NAME OF DECEASED (Type or Print): (First) Maude (Middle) (Last) Wilson

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Negro	Widow	Unknown	54 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	— — —	Maryland	U. S.

13. FATHER'S NAME: Thomas Brown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unk.	Unk.	Unk.	Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive cardiovascular disease — 2 yrs

DUE TO (C) —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: i) arteriosclerosis with Myelus — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
— — — —	— — — — — — — — — — — — — — — —	YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	— — — — —	— — — — — — — — —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
— — — —		— — — — — — — —

22. I hereby certify that I attended the deceased from 1/5, 19 55, to 7/19, 19 55, that I last saw the deceased alive on 7/18, 19 55, and that death occurred at 4:30a M, from the causes and on the date stated above.

SIGNATURE: Hildegard Heard Reiner M.D. — ADDRESS (Street, city, town, state): Crownsville, Md. — DATE SIGNED: 7/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/25/55	Mt. Calvary Cem.	A. A. Co. Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 7-22-55	Katherine M Joyce	Mrs. Rob't. A. Elliott Edgewater

RECEIVED

BUREAU V. S.